



A.S. in Radiologic Technology Program Handbook

2023 – 2024 Academic Year




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Welcome! We are excited you have chosen the DCH Radiography Program sponsored by DCH Health System. In this handbook, you will find sections which contain specific information and serves as a guide for you to understand policies, procedures and requirements; all which must be satisfied to remain in and graduate from the program. This handbook is prepared specifically for students in the DCH School of Radiologic Technology program and is used in conjunction with DCH departmental protocols.

The information in this handbook is current at the time of printing but may be subject to change. If a change occurs, students will be notified in a timely and efficient manner. However; final interpretation of program policy and procedures will be made by the Program Director (PD).

**It is the responsibility of each student to READ this handbook closely, adhere to all policies and to request clarification of any policies or policy changes.**

- Section I Includes, but is not limited to, an introduction to the *Program*, to Administration for the hospital and Medical Imaging, our mission statement, purpose and goals.
- Section II Includes, but is not limited to, policies such as tuition/ fees, dress code, inclement weather plan, HIPAA and FERPA, Safety and Health, and web based communication.
- Section III Program disciplinary actions, both academic and non-academic in nature are discussed here, Student Appeals and Grievance Procedure, and attendance.
- Section IV Academic standards and requirements, student achievement program, quarter schedule and holiday breaks.
- Section V Clinical Standards, requirements and syllabi for each quarter, Radiation Protection, ARRT requirements, rotation evaluations and rotational information.
- Section VI Information regarding JRCERT, ARRT, Private School Licensure, DCH Health System, and other information.
- Section VII DCH policies, documentation, emergency codes, and *Program* forms.
- Section VIII Quick reference of phone numbers and contacts.

Sponsor policies & procedures and any material specifically related to sponsor can be found on the DCH Health System intranet page.

DCH Health System and the School of Radiologic Technology are equal opportunity employers and educators. DCH will not discriminate or permit employment discrimination against anyone because of race, religion, color, age, gender identity, sexual orientation, pregnancy, national origin, disability, genetic information, veteran status, or any other reason or factor prohibited by federal, state, or local law. Additionally, DCH does not discriminate on the basis of race, religion, color, age, gender identity, sexual orientation, pregnancy, national origin, disability, genetic information, veteran status or any other reason in administration of its educational policies, admission policies, and scholarship opportunities. At no time will any student or faculty be excluded from consideration of acceptance into the program or employment on the basis of the above criteria.

Information about the radiology program is available on the DCH Imaging intranet page found on The Loop as well as the DCH website. An electronic version of this handbook and the accompanying forms are available on The Loop as well as the DCH internet website: <https://www.dchsystem.com>. Located at the bottom of the DCH home page you should click on **Education** and then *School of Radiologic Technology*. At this site you will find information about the program, including this handbook.

- It is the student's responsibility to read the entire student handbook.
- The student will be held responsible for policies in this handbook.
- Rules and policies are subject to change. Students will receive written notice of any major changes.
- Disputes over interpretation should be brought to the attention of the Program Director who will seek the advice of the faculty of the program and/or the Rad Tech Advisory Committee for a final decision.

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# Introductions

Program, Faculty, Staff,  
Preceptor Sites, Clinical Preceptors



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## **Introduction to the Rad Tech Program**

The DCH Radiography Program began in 1955 and since its inception; the Program has graduated over 630 radiologic technologists. The Program is a hospital based, 24-month, JRCERT accredited school. The program is based at DCH Regional Medical Center.

In 2013, the Program became licensed by the Alabama Community College System. This license allows the Program to grant an Associate Degree in Applied Science with a major in Radiologic Technology. Private School licensure is under the Alabama Community College policy number 720.01 and the guidelines are located at the end of Board policies under the same policy number. Private School regulations are also located in the *Code of Alabama § Section 16-46-1 through 16-46-10) (1975)*.

### **Program Philosophy**

The Program is committed to the practice of ethical standards in education. The policies, procedures, and regulations of the Program reflect this commitment and comply with those of the DCH Health System, the ARRT, and JRCERT. The Program expects an acceptable quality of work and mature behavior from each student and will accept no less. Students are regarded as adults and are expected to conduct themselves in a manner which meets the accepted standards of health care professionals.

### **Guidelines**

The guidelines for appropriate student behavior, academic standards and requirements, and procedures for resolving student problems rest with the sponsoring institution and shall be approved by administration. Requirements of individual courses shall be given to the student at the beginning of each quarter. The Student Appeals Procedure shall be given to each student upon enrollment. The right of the student to due process shall be protected.

### **Program Accreditation**

The Joint Review Committee on Education in Radiologic Technology (JRCERT or JRC) promotes excellence in education and evaluates the quality and safety of patient care through the accreditation of educational programs in radiography, radiation therapy, magnetic resonance and medical dosimetry. The JRC is the only agency recognized by the United States Department of Education (USDE) and the Council for Higher Education Accreditation (CHEA), for the accreditation of traditional and distance delivery educational programs in radiography, radiation therapy, magnetic resonance and medical dosimetry.

The JRCERT contact information is as follows:

JRCERT  
20. N. Wacker Drive  
Suite 2850  
Chicago, IL 60606-2901  
Phone: 312-704-5300

### **Technical Standards & Requirements**

A student must possess the following to perform as a radiology student:

1. Verbal and written skills sufficient to respond promptly in communications with patients, staff and physicians.
2. Sufficient sight to read requisitions and charts, observe conditions of the patient in low levels of light and to evaluate medical images on computer screens.
3. Sufficient hearing to interact with and respond to patients as well as to the audible sounds of equipment.
4. The ability to stand and walk for 80% of clinical time.
5. The ability to lift, assist and maneuver patients in/on wheelchairs, stretchers and imaging tables without injury to patient, self or other healthcare workers and to respond to medical emergencies.
6. Sufficient motor skills to manipulate, lift and reach equipment and to operate small controls on equipment.
7. Intellectual and emotional skills to exercise discretion in handling confidential medical information.
8. Cognitive ability to perceive and deal appropriately with environmental threats and stresses and continue to function safely and effectively during high stress periods.
9. The ability to protect oneself and others from hazards in the health care environment, such as infectious disease, contaminated equipment, sharp instruments, chemical fumes and radiation.



### **Sponsor Administration**

Under local ownership for more than 100 years, the DCH Health System has continually evolved to offer advanced caring to West Alabama. Today, the DCH Health System includes DCH Regional Medical Center, Northport Medical Center and Fayette Medical Center.

### **DCH Health System**

Katrina Keefer, Health System President/CEO  
Mallary Myers, SVP & Chief Operating Officer  
Luke Standeffer, Senior VP/Administrator  
Donald Jones, Fayette Administrator

### **Sponsorship**

The Program is sponsored by the DCH Regional Medical Center, which is a member of the DCH Health System. The Joint Commission on Accreditation of Healthcare Organizations (JCAHO) accredits the DCH Health System.

### **Sponsor Mission & Vision**

#### **Mission**

We serve to improve the health of our patients and community.

#### **Vision**

To be the provider of choice in our market by delivering excellent care to patients and families in West Alabama.

## **Program Administration and Faculty**

### **Program Director (PD)**

Deborah Shell, M.Ed., R.T. (R)

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[Deborah.shell@dchsystem.com](mailto:Deborah.shell@dchsystem.com)

### **Clinical Coordinator (CC)**

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### **Didactic Instructor (DI)**

Ashley Long, M.S., CHES. R.T. (R)

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[Heather.long2@dchsystem.com](mailto:Heather.long2@dchsystem.com)

### **School Agent**

Kim Wiggins

Office: 205-750-5169

[Kimberly.wiggins@dchsystem.com](mailto:Kimberly.wiggins@dchsystem.com)

### **Medical Advisor to the Program**

Howard Holley, M.D.

Hospital Phone: 205-759-7338

**Program Address & Information**

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Tuscaloosa, AL 35401  
Phone: 205-759-6009  
Admissions: 205-750-5169  
Fax: 205-759-7011

**Mailing Address**

809 University Blvd East  
Tuscaloosa, AL 35401

**Physical Address**

408-C Bryant Drive East  
Tuscaloosa, AL 35401

**Clinical Sites & Clinical Preceptors**

**DCH Regional Medical Center - Inpatient**

**Kathy Shuttlesworth, R.T. (R)**

**Jill Wilson, R.T. (R)**

**Hannah Hollis, R.T. (R)**

Radiology Department Phone: 205-759-7338

**DCH Regional Medical Center – Outpatient**

**Kelly Holmes, R.T. (R)**

Radiology Department Phone: 205-750-5586

**Northport Medical Center - DCH**

**Emily Moss, R.T. (R)**

Radiology Department Phone: 205-330-4800

**Fayette Medical Center**

**John Files, R.T. (R)**

**Whitney Collins, R.T. (R)**

Radiology Department Phone: 205-932-1168

**DCH Ruby Tyler Imaging / SpineCare Center**

**Brooke Lucas, R.T. (R)**

Department Phone: 205-759-7246

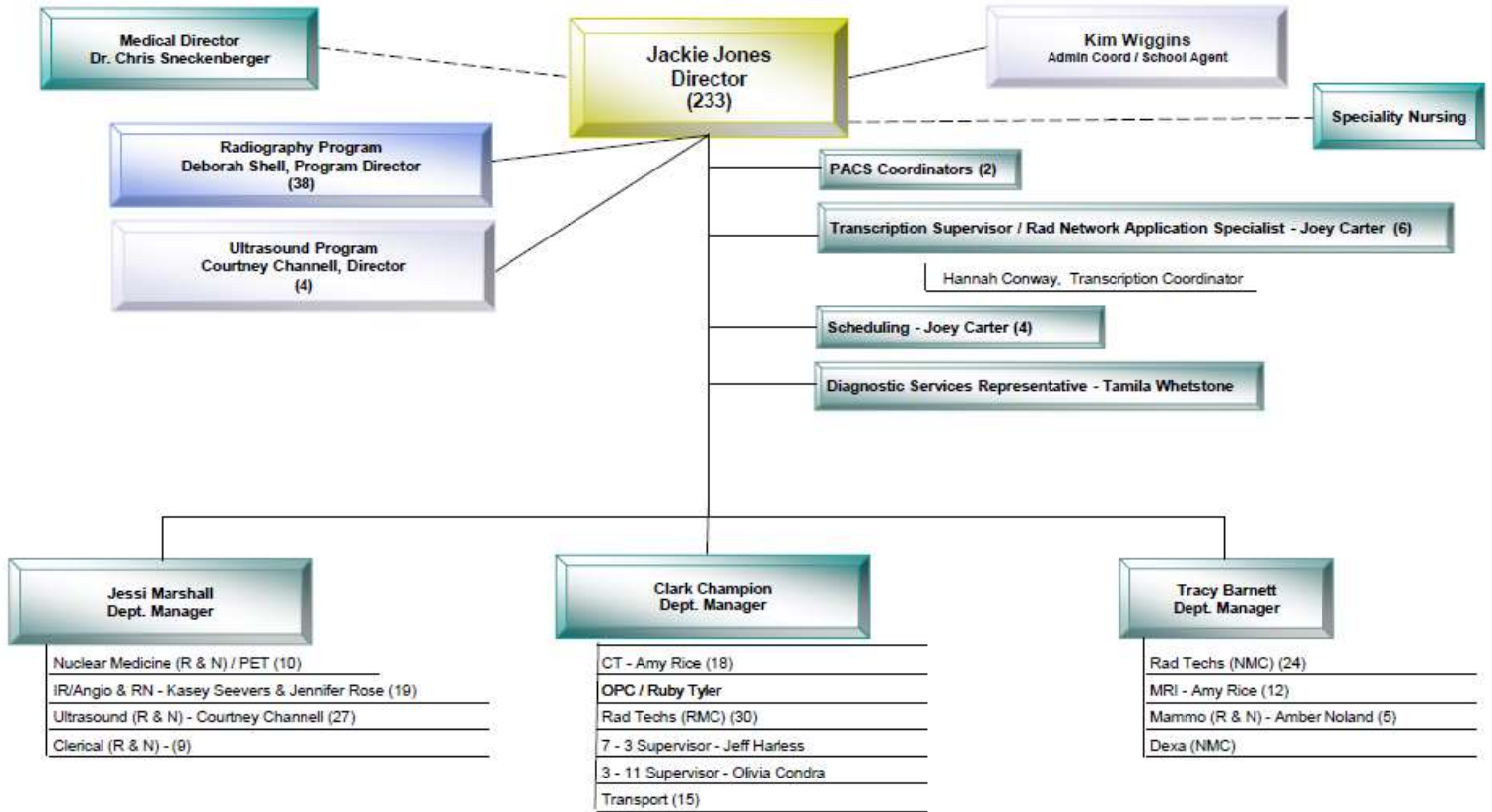
**The Radiology Clinic**

**Rhonda Cockrell, R.T. (R)**

Department Phone: 205-345-7000

# Organizational Chart

## RMC / NMC Imaging Services 2023 Organizational Chart





## Recruitment & Selection Process



## Program Admission Policies

Applicants must complete a list of prerequisites, 8 hours of observation, references, transcripts, ACT & GPA scores. The application window is from January 1 to May 26. All prerequisites are preferred to be completed by end of application window. Prerequisites after the end of the application window will be looked at with strict guidelines that will be presented to the applicant. We communicate with our applicants via email during the application process. All applicants are considered using the same standards and selection criteria.

## Selection Process

Students will be selected based on the following factors:

- Application: The application requirements that are met by the deadline. Applications will not be reviewed if the application packet is not completed by the application deadline.
- Grade point scores: Required college courses are awarded points based on their letter grade. A & P courses successfully passed on 1<sup>st</sup> attempt will be awarded an additional point. Required ACT is awarded points based on the composite score. Cumulative college GPA score is awarded points based on a scale with the minimum being no lower than a 2.5.
- Observation visit
- Interview: A face-to-face interview will be granted to applicants who complete the admission process by the deadline and meet all criteria. The interview process includes a scoring process based on different factors including research, attitude, dress, etc.
- The interview panel shall consist of Program faculty and 2 – 3 chosen staff members.

DCH will not discriminate or permit employment discrimination against anyone because of race, religion, color, age, gender identity, sexual orientation, pregnancy, national origin, disability, genetic information, veteran status, or any other reason or factor prohibited by federal, state, or local law.

The selection is competitive but not discriminatory. We are looking for the best applicant to be a good student who can successfully complete the program and be the best radiologic technologist we can offer.



# Committees

## Advisory & Assessment



**Advisory Committee Members**  
**2023 – 2025**

The Program’s Advisory Committee consists of members from education, the Program, and Administration. The purpose of the committee is to review and make suggestions for improvement in the instructional program. The committee provides a means of communication between students, communities of interest, and the Sponsor; which is essential to the success of the Program.

- Rad Tech Faculty:** Deborah Shell, Program Director  
Leonetta Jackson, Clinical Coordinator  
Ashley Long, Didactic Instructor  
Jackie Jones, Director of Radiology  
Clark Champion, Radiology Department Manager  
Tracy Barnett, Radiology Department Manager  
Jeff Harless, Radiology 7 – 3 Supervisor  
Kim Wiggins, School Agent  
Clinical Instructors
- Rad Tech Students:** First Year Student Representative  
Second Year Student Representative
- Medical Advisor:** Dr. Howard Holley

**Advisory Committee Responsibilities**

1. Review applications from prospective students and select those best qualified for admission.
2. Determine the goals and objectives of the program.
3. Perform program evaluation regularly to ensure program outcomes are acceptable.
4. Implement measures to improve the program whenever possible.
5. Appoint a grievance committee to hear student complaints and resolve student appeals.
6. Appoint faculty to the program.
7. Maintain programmatic accreditation with the JRCERT.
8. Make recommendations and suggestions regarding program governance & organization.
9. Perform periodic review of program outcomes to ensure goals and objectives are met.
10. Review and approve the program outcomes assessment plan.
11. Assist program faculty in preparing and submitting the self-study and preparing for the JRCERT accreditation site visit.
12. Review and approve program scholarships and other financial aid opportunities.
13. Review and approve program documentation related to course offering and application materials.
14. Advise program officials and make recommendations regarding program policies and procedures.

### **Student Advisory Committee**

Each class is expected to form a student advisory committee consisting of one or more members from their representative class. The membership should be voted on by the class to ensure agreed-upon representation. The committee chairperson will direct the meetings and activities of the committee and ensure that all such meetings are recorded. The purpose of the committee will be to provide a means of communication between the Program and the students. Meeting days and hours will be posted at the beginning of each quarter, and all meetings are open to all enrolled students. Any student desiring to bring a matter to the attention of the committee may present his/her concerns in written form during the regular committee session. The committee will determine whether or not the concerns or information are relative to the STANDARDS and whether or not the complaint should be presented to the Program officials. It should be apparent to all students that this committee is the official body for acting upon expressed wishes of all students or an individual student enrolled in the program.

### **Assessment Committee Members**

**Rad Tech Faculty:** Deborah Shell, Program Director  
Leonetta Jackson, Clinical Coordinator  
Ashley Long, Didactic Instructor  
Clark Champion, Radiology Department Manager  
Kim Wiggins, School Agent  
Emily Moss, Clinical Instructor  
Jill Wilson, Clinical Instructor  
Amy Rice, Staff Technologist

### **Assessment Committee Responsibilities**

1. Determine the goals and objectives of the program.
2. Perform program evaluation regularly to ensure program outcomes are acceptable.
3. Submit suggestions to improve the program to the Advisory Committee.
4. Assist with programmatic accreditation with the Joint Review Committee on Education in Radiologic Technology (JRCERT).
5. Review, recommend, and suggest regarding program governance and organization.
6. Perform periodic review of program outcomes to ensure goals and objectives are being met.
7. Review and approve the program outcomes assessment plan.
8. Assist program faculty in preparing and submitting the self-study and preparing for the JRCERT accreditation site visit.
9. Review documentation related to course offerings and application materials.
10. Assist program officials and make recommendations regarding program policies and procedures.

## Program Purpose, Mission & Student Learning Outcomes



The Program should have an ongoing, systematic process to assess its outcomes. The assessment plan provided to the JRCERT should incorporate the programs goals, supported by specific desired outcomes.

1. Graduate at least 80% of matriculated students.
2. Average at least an 80% pass rate on the ARRT certification exam for the previous five years.
3. Average at least a 90% job placement rate within 12 months of graduation over the previous five years.
4. Ensure that program graduates earn degree within 150% of the published program length from the date of matriculation.
5. Program must be completed within a 36-month time frame from beginning of matriculation.

### **Program Purpose, Goals, Mission Statement and Student Learning Outcomes**

The Program Director, Clinical Coordinator and Didactic Instructor coordinate classroom instruction and clinical education such that they provide each student the opportunity to receive adequate instruction in both didactic and clinical areas.

The Program is designed in a manner where courses are in sequential order and build upon each other with the correlation of didactic and clinical courses. The CI's and clinical staff provide supervision and instruction in the clinical education sites to ensure that the assignments are educational. At no time are students used as replacements for registered technologists or staff.

### **Purpose & Goals**

The **purpose** of the program is to provide educational opportunities in the radiological sciences to members of the communities supported by the sponsor. To that end, the **goals** of the program and its curriculum are designed to:

1. Graduate students with the professional skills necessary to perform competently in the clinical setting.
2. Provide students with opportunities to develop and then acquire problem-solving and critical thinking skills.
3. Graduate students that will demonstrate values and ethical behaviors of a radiographer.
4. Graduate students that will practice effective communication skills.
5. Provide the healthcare community with entry-level competent radiographers.

## Mission Statement

The DCH School of Radiologic Technology is committed to prepare students to be competent, entry-level radiographers, and provide high quality health care professionals to any medical community.

## Student Learning Outcomes

**Goal 1:** Students will have the professional skills necessary to perform competently in the clinical setting.

### Student Learning Outcomes

- SLO#1 Students will demonstrate competency in the clinical setting.
- SLO#2 Students will practice and demonstrate proper radiation protection for their self, patient and others.
- SLO#3 Students will provide quality patient care.

**Goal 2:** Students will practice effective communication.

### Student Learning Outcomes

- SLO#1 Students will communicate effectively in the clinical setting.
- SLO#2 Students will be able to obtain a pertinent history and educate the patient about the procedure.

**Goal 3:** Students will use critical thinking and problem solving skills.

### Student Learning Outcomes

- SLO#1 The student will determine the need to modify standard procedures to accommodate patient condition and other variables.
- SLO#2 The student will recognize emergency patient conditions.

**Goal 4:** Students will exhibit professional growth.

### Student Learning Outcomes

- SLO#1 The student will apply the values and ethics of a radiographer.
- SLO#2 The student will research various organizations and societies within the radiologic profession.
- SLO#3 Students will complete a resume workshop.
- SLO#4 Students will develop a diagnostic equipment design project.

**Goal 5:** The Program will continue to demonstrate effectiveness.

*Programmatic effectiveness measurable outcome*

1. The program will achieve a satisfactory student completion rate.
2. Graduates will be adequately prepared to pass the ARRT examination on the first attempt.
3. Graduates will find employment as radiographers within six months of graduation.
4. Program graduates will report a high level of satisfaction with the Program.
5. Employers will report a high level of satisfaction with Program graduates.

**Program Complaint Resolution**

The program recognizes the rights of students and prospective students in assuring timely and appropriate resolution of complaints and other allegations regarding non-compliance with the JRCERT STANDARDS. Copies of the Standards for an Accredited Educational Program in Radiologic Sciences, and published by the Joint Review Committee on Education in Radiologic Technology (JRCERT) are available in this handbook.





# Policies



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### **Advanced Placement**

The DCH School of Radiologic Technology **does not** offer an Advanced Placement classification for students applying to the program. The components of the didactic and clinical education are very structured and coordinated; therefore, advanced placement would be detrimental to the goals and objectives of the program.

### **Attendance**

The attendance policy is effective for both academic classes and clinical rotations. Attendance to all RAD didactic courses, clinical assignments and labs is **mandatory**.

Poor attendance and tardiness:

- appears to others as a lack of cooperation and respect.
- implies that a student technologist is
  - insensitive to co-workers,
  - unaccountable for his/her responsibilities and is
  - uninterested in not only their personal success but the success of their chosen career.

Any class sessions missed, regardless of cause, reduces the academic opportunities of the student. Instructors reserve the right to reduce the final academic grade assigned for excessive absences. An excessive absence is defined as any time missed beyond that which is allotted by the attendance policy.

Laboratory sessions, hospital and clinical experiences and outpatient imaging experiences are considered as clinical education. It is expected that the student will assume responsibility for punctual and regular attendance to all class, laboratory and clinical assignments. If it becomes impossible for the student to meet assignment obligations, it is the student's responsibility to notify the proper school official prior to the beginning of the assignment.

**If you are unable to attend class, lab or clinic; you must **CALL** in as soon as possible before 7:00 a.m. You must speak to the PD, Class Instructor or Clinical Coordinator directly if at all possible. If not, then the student must leave a message with a number where you can be reached. The student is responsible for calling both the clinical site and program officials.**

Three or more consecutive days missed requires a physician's statement verifying that the student was/is under their care. Employee health must be contacted in the event of three or more missed days, COVID, Flu or any other illness that requires missing three or more days.

Program disciplinary action will be taken whenever a student fails to comply with the following:

- Lateness is unprofessional and irresponsible.
- Reporting to the assigned area of the clinical site/class sessions after assigned time is considered tardy.
- Tardy is up to one hour late.
- Any missed time over one hour is considered an absence.
- The amount of time tardy is added to the assigned departure time for that day. Failure to stay for the time tardy will result in one absence. For example; assigned time is 7 a.m. – 3 p.m. Student arrives at 7:45 a.m. Then the departure time will be 3:45 p.m.
- Students are permitted to take **two days** per academic quarter for personal time off.
- The student is responsible for all tests and lesson material missed while out sick or on leave. Missed tests will be made up at the discretion of the instructor or PD.
- Three tardies constitutes one absence and must be made up if it occurs during clinic time.
- Students are required to do make-up time during the quarter break as scheduled by the Clinical Coordinator. Make-up time can only be made up during break week.
- Students will not be assigned make-up time during DCH recognized holidays.
- Students will not be able to return from quarter break until all time has been made up. **No exceptions!**
- Weekend shift assignment call-in's will be made up on the next weekend. Evening shift 3 p.m. – 9 p.m. or 3 p.m. – 11 p.m. assignment call-in's must be rescheduled.
- Students becoming ill while in attendance at the clinical site will not be permitted to remain at the clinical site.
- Leaving the clinical site prior to completing assigned hours will result in an 8-hour absence.
- Failure to contact program officials and clinical site for call-in will result in a 16-hour absence.
- **Two** failures of clocking in or out will be considered an absence and failure to clock in is considered a tardy.
- Three violations of not properly documenting time in a quarter will result in a one-day absence.

**Incident of lab absence:**

- An occurrence when a student does any of the following:
  - Misses 30 minutes or greater of scheduled lab time

**Incident of lab tardy:**

- An occurrence when a student does any of the following:
  - Misses 29 minutes or less of scheduled lab time

Completion of clinical and didactic hours account for a student's learning experience in the Radiologic Technology program; therefore, attendance is **crucial** to the success of the student. There are occasions when an absence is necessary and we do understand. HOWEVER, frequent absences will cause the student to miss critical learning opportunities. ***This attendance policy applies to all students.***

***If a student misses 20% of any course, the instructor will initiate dismissal procedures and the student will not progress in the program.***

***If a student misses more than four (4) lectures in a class, the instructor will initiate dismissal procedures and the student will not progress in the program.***

***If a student misses more than five (5) clinical days, the Clinical Coordinator or Program Director will initiate dismissal procedures and the student will not progress in the program.***

### **Attendance Hours**

The average school day consists of eight (8) hours with the student involved in a combination of didactic, laboratory and clinical education activities. Assignments to shifts other than day shift will not exceed eight (8) hours. Total school time will not exceed forty (40) hours per week. The PD, Clinical Coordinator, Didactic Instructor or preceptor staff will assign breaks and meals each day.

### **AWOL**

If a student is unable to attend class, online class (when applicable) or clinic and does not attend or call in as soon as possible (before 7:00 a.m.), they are considered AWOL and will be subject to disciplinary action as outlined in this manual under Program Disciplinary actions.

### **Bereavement Leave**

Students are eligible for a maximum of three (3) excused scheduled days leave in the event of a death of an immediate family member. These days can be taken within 14 days of the loss, are not required to be consecutive and are not required to overlap with the death and/or funeral. These days are excused absences and will not be deducted from the two time off/sick days.

For the purpose of bereavement leave, immediate family is defined as **father, mother, spouse, brother, sister, child, father-in-law, mother-in-law, grandparents, grandparents-in-law, grandchildren, legal guardian of the student, step children, step parents, step grandparents and step siblings**. It is the responsibility of the student to request the number of days s/he will need when they report the death to the Program Director. Bereavement leave will only be granted for days the student is normally

scheduled for class/clinic. If the three days fall on off days or scheduled time off, they will be deducted from the three days.

Should the student desire to attend a funeral for someone other than an immediate family member, the student will use normally assigned personal days for that quarter.

### **Excused Absences**

The program recognizes an excusable leave of absence as one of the following categories:

**Jury Duty** – The student must notify the PD and Clinical Coordinator of the impending jury duty immediately upon receipt of notice to serve. A copy of this notice must be provided.

**Reserve Military** – A maximum of ten days per year is allowed for training in accordance with the Alabama Statute on such.

Any of the above listed absences may be required to be made up if the student's normal educational process is hindered or impeded. Student must be responsible for and make up any academic class work during this absence.

### **Requesting Time Off**

Students may pre-schedule a whole or half personal day. Requests for time off are subject to approval by the Clinical Coordinator, PD or faculty and should be emailed to the Clinical Coordinator. At no time should a student take off without approval. Approval for time off is based on the student's progress both clinically and academically. **Time off will not be approved during final exams, quarterly counseling, weekend or evening clinical rotations.** Extenuating circumstances can be discussed with program officials and the student must request time off with the appropriate form.

### **Scheduled Holidays**

DCH Health System observes six nationally recognized holidays. Students will not attend classes or clinical sessions on these holidays:

New Year's Day  
Labor Day  
Christmas Day

Memorial Day  
Thanksgiving Day

Fourth of July  
Christmas Eve

### **Tardiness**

A student is considered tardy if they arrive after the start time of the assignment. Students who arrive early but are found not reporting to their assigned class/area on time will receive a tardy. **Three (3) tardies will equal one (1) absence.**

### **Unexcused Absences**

Unexcused absences will not be tolerated. If the student is unable to attend class, online class (when applicable), lab or clinic for any reason, the PD or other school official must be **notified directly**. Unexcused absences must be made up as outlined by the PD. The following are considered unexcused absences/behaviors:

- A. failure to notify the PD or other school official (classroom instructor/clinical coordinator) if unable to attend.
- B. failure to provide a doctor's excuse if absent for more than three consecutive days or for a second or subsequent call-in.
- C. being absent for more than two days in a quarter unless under the care of a physician.
- D. abusing the time off/sick day privilege, e.g., asking for every Friday/Monday off.
- E. arriving at or leaving a clinical assignment other than the scheduled time without prior approval by the PD, Clinical Coordinator or Instructor.

Unexcused absences of two (2) or more days are considered excessive and will result in disciplinary action as outlined in this manual. **Disclaimer: The program reserves the right to change attendance hours for both clinic and classes for the benefit of the student's education.**

### **Cafeteria**

A cafeteria is provided at DCH Regional Medical Center and Northport Medical Center for employees, students and visitors. Students will receive an employee discount if the ID badge is present; however, **students cannot use their badge to charge meals or snacks unless they are working at DCH for pay.** When you swipe your badge to pay for meals, the amount is taken out of your paycheck. DCH **does not** send invoices for charged meals or snacks.

### **Cardiopulmonary Resuscitation (CPR)**

In order to provide proper patient care in the clinical setting, students assigned to the clinical education center must be certified in cardiopulmonary resuscitation (CPR) and maintain certification throughout the program.

### **Communications**

DCH students are expected to comply with all DCH policies, behavioral standards and federal and state laws when participating in social media activities. Failure to comply with DCH policies may subject the student to the provisions of the positive discipline process up to and including dismissal.



### **Personal Electronic Device Policy**

The use of personal cell phones, other portable electronic devices including camera phones and wearable electronic devices including smartwatches should not be used during clinical and didactic hours. Cellular phones and other portable electronic devices may be used during breaks or lunch periods. Students are to ensure that friends and family members are aware of DCH's policy. Cell phone use is prohibited in the classroom; therefore, these devices MUST be turned off while in class. In case of dire situations, the student should communicate with the PD or class instructor.

### **Web Based Communications**

No student shall post photos, comments, or other forms of web based/social media material of faculty, students, clinical personnel, clinical education settings, schedules or patients to their web based/social media communication sites such as, but not limited to platforms such as Facebook, Message Boards, Personal Blogs, Instagram, TikTok, Snapchat, Twitter, etc. In addition, no student shall supply or forward photos, comments or other web based/social media materials to anyone for posting on any web based communication/social media sites.

## **Confidential Information**

### **FERPA**

The Family Educational Rights and Privacy Act (FERPA) of 1974, as amended, is a federal law that protects the privacy and confidentiality of personally identifiable information contained within student education records. The DCH School of Radiologic Technology complies with FERPA's confidentiality protections and adheres to procedures dealing with student education records.

### **HIPAA**

The Health Insurance Portability and Accountability Act (HIPAA) is a federal law that was passed by Congress in 1996 to assure that individuals' health information is properly protected.

DCH Health System develops, stores, maintains and releases patient information for the treatment of patients and the management and payment of their accounts and for Health System operations. Access to patient information shall only be granted to student technologists who have a **need** to access patient information in order to perform exams. Failure to comply with confidentiality obligation may result in disciplinary action or termination of educational affiliation by DCH Health System and its affiliates, or corrective action in conformance with current medical staff bylaws, rules and regulations.

### **Counseling & Guidance**

Scheduled academic counseling and guidance will be held with each student at the end of each quarter. The faculty will provide the student with academic guidance and help with problems related to the program. In the event the student is having personal problems that the program staff cannot resolve, the student will be referred to EAP who is qualified in these matters. Faculty will post office hours each quarter for student counseling and will be available to meet at other times by appointment.

### **Cultural Sensitivity & Diversity Cultural Sensitivity**

Understanding the needs and emotions of your own culture and the culture of others, and diversity mean something different to each and every person. The changing demographics and economics of our growing multicultural world and the longstanding differences in the health status of people from culturally diverse backgrounds have challenged health care providers and organizations to consider cultural diversity as a priority. However, health care providers must realize that addressing cultural diversity goes beyond knowing the values, beliefs, practices and customs of African Americans, Asians, Hispanics/Latinos, Native Americans/Alaskan, and Pacific Islanders. In addition to racial classification and national origin, there are many other faces of cultural diversity. Religious affiliation, language, physical size, gender, sexual orientation, age, disability (both physical and mental), political orientation, socio-economic status, occupational status, and geographical location are but a few of the faces of diversity. Culture is an integrated pattern of human behavior that includes thoughts, communications, languages, practices, beliefs, values, customs, courtesies, manners of interacting, roles, relationships, and expected behaviors of a racial, ethical, religious, or social group.

### **Dress Code & Appearance**

Radiology Program students are to remember that you are training to be professionals. The first impression that the public has of you, DCH and the profession is projected by your appearance. It is our goal to provide consistency in our care and appearance. An aligned approach allows us to:

- Present a consistent professional appearance to our community, so no matter where a patient or family member encounters a member of our team they will know we are all on the same team.
- To assist our patients and their families with role identification.
- To align with our goals to provide an exceptional patient experience (every patient, everywhere, every time).
- In addition, it is our belief that brand and appearance provides a sense of team within our employee family and a sense of confidence among our community when they seek care.

The following are the minimum dress and personal appearance guidelines for DCH Health System. Radiology specific guidelines are indicated in **bold**.

| Guideline            | Allowed                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Not Allowed                                                                                                                                                                                                                                                                                          |
|----------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Beards and mustaches | <ul style="list-style-type: none"> <li>• Beards and mustaches that are neat, clean, well groomed (facial hair)</li> <li>• Beards and mustaches in Patient Care areas that are in compliance with N-95 fit testing</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                      |
| Footwear             | <p><u>Shoes</u></p> <ul style="list-style-type: none"> <li>• Must cover toes with solid material when working in patient care area</li> <li>• Coordinate with uniform color in compliance with safety and infection prevention standards providing safe footing</li> <li>• Offer protection against hazards</li> <li>• Quiet for the comfort of the patients</li> <li>• Clogs must be worn with socks or hosiery</li> <li>• <b>Radiology students are required to wear black or white shoes with minimal color.</b></li> <li>• <u>Socks</u></li> <li>• Worn with pants only</li> <li>• Color appropriate to uniform or attire being worn</li> </ul> | <ul style="list-style-type: none"> <li>• Shoe covers outside the work area</li> <li>• Sandals in patient care areas</li> <li>• Open-toe shoes in patient care areas</li> <li>• Flip flops</li> </ul>                                                                                                 |
| Fragrances           | <ul style="list-style-type: none"> <li>• Deodorant Hair Care</li> <li>• Personal hygiene products</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <ul style="list-style-type: none"> <li>• Smoke odors or tobacco residue</li> <li>• Aftershave, cologne, perfume and scented lotions</li> </ul>                                                                                                                                                       |
| Hair/ head covers    | <ul style="list-style-type: none"> <li>• Hair that is neat, clean and well groomed</li> <li>• Long hair that is secured so as not to interfere with patient care</li> <li>• Caps worn bill forward (only when approved by department head)</li> <li>• Hijabs/turbans worn for religious purposes</li> </ul>                                                                                                                                                                                                                                                                                                                                         | <ul style="list-style-type: none"> <li>• Excessive, distracting or unnecessary hair ornaments</li> <li>• Hair color about which a patient complains must be covered with an approved head covering while caring for the patient</li> </ul>                                                           |
| Ornamental jewelry   | <ul style="list-style-type: none"> <li>• Small necklaces of short length worn under the uniform</li> <li>• Earring studs or rings no larger than one-half inch in diameter</li> <li>• Up to two earrings per ear</li> <li>• One nasal stud or ring in either nostril or septum, no larger than 1/4 inch in diameter</li> </ul>                                                                                                                                                                                                                                                                                                                      | <ul style="list-style-type: none"> <li>• Bracelets, dangling earrings and large rings worn in patient areas</li> <li>• Jewelry that interferes or distracts the work being performed</li> <li>• Jewelry in the eyebrow, tongue or visible piercing other than the ear, nostril, or septum</li> </ul> |

|                         |                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                  |
|-------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                         |                                                                                                                                                                                                                                                                                                                                                                                                                  | <ul style="list-style-type: none"> <li>• Jewelry which contains obscene, profane, racist, sexual, degrading, demeaning, political or objectionable words or imagery (this includes foreign languages)</li> </ul> |
| Homemade face coverings | <ul style="list-style-type: none"> <li>• Homemade face coverings are only permitted, as directed by administration, during special situations requiring universal masking and the commercial supply is low.</li> <li>• Homemade face coverings must not contain obscene, profane, racist, sexual, degrading, demeaning, political or objectionable words or imagery (this includes foreign languages)</li> </ul> |                                                                                                                                                                                                                  |
| Tattoos                 | <ul style="list-style-type: none"> <li>• Visible tattoos (other than on face and neck) which do not contain obscene, profane, racist, sexual, degrading, demeaning, or objectionable words or imagery (this includes foreign languages)</li> <li>• Coverage for tattoos which are not allowed may include clothing in accordance with this policy or concealing makeup</li> </ul>                                | <ul style="list-style-type: none"> <li>• Visible tattoos on face and neck</li> <li>• Any visible tattoo about which a patient complains must be covered while caring for the patient</li> </ul>                  |
| Fingernails             | <ul style="list-style-type: none"> <li>• Fingernails that are clean and active length or shorter</li> </ul>                                                                                                                                                                                                                                                                                                      | <ul style="list-style-type: none"> <li>• Nail polish colors that interfere with the performance of job duties</li> <li>• Chipped nail polish</li> <li>• Artificial nails in direct patient</li> </ul>            |
| Undergarments           | <ul style="list-style-type: none"> <li>• Undergarments: Shirts may be worn under tops (these should be of the same color as the top or white, gray or black and made of non-shedding material, short or long sleeves)</li> </ul>                                                                                                                                                                                 | Visible through or outside of street clothes or uniform                                                                                                                                                          |
| Food and drink          | Eating and drinking in designated areas only                                                                                                                                                                                                                                                                                                                                                                     | Chewing gum or eating while caring for patients                                                                                                                                                                  |

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| <p>Uniforms and Scrubs</p> | <ul style="list-style-type: none"> <li>• Colored scrubs based on Department and Job Category (as defined below)</li> <li>• <b>While pregnant, scrubs are preferred. However, knit or cotton tops are permitted, provided that the top is long enough to fully cover the torso and follows the guidelines for cotton or knit tops.</b></li> </ul> <p>Scrub Tops:</p> <ul style="list-style-type: none"> <li>• V-neck or Crew neck styles with one chest pocket, two lower pockets or a combination of chest and lower pockets</li> <li>• Tops should be hip length</li> <li>• May add embroidered DCH logo, employee name, unit name, or credentials (limit 2 lines)</li> </ul> <p>Scrub Pants:</p> <ul style="list-style-type: none"> <li>• Loose fitting styles</li> <li>• Elastic or drawstring waistband</li> <li>• Pants with two back pockets, two side pockets or cargo pockets may be worn</li> </ul> <p>Scrub Dresses/Skirts:</p> <ul style="list-style-type: none"> <li>• Skirt must be knee-length to mid- calf length</li> <li>• Made of non-shedding, scrub-type, woven material</li> <li>• Must wear hose</li> </ul> <p>Lab coats/Jackets:</p> <ul style="list-style-type: none"> <li>• Same as uniform color or white (except where otherwise noted/ check dept. guidelines)</li> <li>• May add embroidered DCH logo, employee name, unit name, or credentials (limit 2 lines)</li> <li>• White lab jacket when worn over business attire in the clinical setting</li> <li>• Fleece jackets should be made of non-shedding material and may only be worn in nonprocedural departments</li> </ul> | <ul style="list-style-type: none"> <li>• <b>Sweatshirts, sweaters and hooded jackets are not allowed.</b></li> <li>• Scrubs worn by non-clinical employees Piping or other accents in different colors on scrubs</li> <li>• <b>Pants with cuffed legs or jogger type pants are not allowed.</b></li> </ul> |
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| Attire          | <ul style="list-style-type: none"> <li>• Clothes that are clean, pressed, and in good condition</li> <li>• Sized appropriately</li> <li>• Appropriate to the job being performed</li> <li>• Dress, skirt, or top worn as a dress with length at least to tip of fingernails when standing</li> <li>• Asymmetric and/or high-low dress, skirt, or top worn as a dress where length of shortest part to fingertips when standing</li> <li>• Leggings, hosiery or tights worn</li> <li>• with a dress, skirt, or top worn as a dress with length at least to tip of fingernails when standing</li> <li>• Skirts with splits at or below the knee</li> <li>• Cropped slacks (where the length ends below the mid-calf)</li> <li>• Logo shirts and knit shirts only in designated departments</li> <li>• T-shirts allowed only if approved by administration or department director</li> </ul> | <ul style="list-style-type: none"> <li>• Blue jean or denim pants, jackets, skirts or dresses</li> <li>• Tight-fitting pants made of t-shirt fabric, nylon, spandex, etc. worn without a dress, skirt or top with length at least to tip of fingernails when standing</li> <li>• Leggings, hosiery or tights without a dress, skirt or top with length at least to tip of fingernails (including those worn with long boots)</li> <li>• Asymmetric and/or high-low dress, skirt, or top where length of shortest part is not at least to fingertips when standing (including those worn with long boots)</li> <li>• Casual wear, such as shorts or Capri pants (where the length ends above the mid-calf)</li> <li>• Tight-fitting clothing</li> <li>• Revealing clothing, such as plunging necklines, high skirt splits, crop tops, etc.</li> <li>• T-shirts not allowed unless approved by administration or department director.</li> </ul> |
| Employee Badges | <ul style="list-style-type: none"> <li>• Employee badge worn at all times as a part of the uniform, in the upper chest area</li> <li>• DCH-sanctioned badge holder, lanyard or pull pin with the picture and name displayed prominently</li> <li>• DCH service award pins, badges or patches and Professional school and certification pins</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <ul style="list-style-type: none"> <li>• Political, religious, potentially offensive images or message buttons, stickers or pins not issued by DCH.</li> <li>• Badge holder with potentially offensive images or messages.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |

Violations of the dress and personal appearance policy, the jewelry, nails or fragrance policy will be treated with the progressive discipline policy.

### **Drug & Alcohol**

It is the goal of DCH to have a work environment that is free from the use of illegal drugs, non-prescription drugs, alcohol and unauthorized prescription drugs. Being impaired or under the influence of drugs or alcohol while working poses serious safety and health risks to employees, patients, family members, and visitors.

## **Evaluations & Surveys**

### **Clinical Instructor/Faculty Surveys**

Students evaluate program faculty and clinical instructor's performance regularly to assure instructional responsibilities are being performed. This also provides administration and faculty with information to evaluate performance. Evaluation promotes proper educational methodology and increases program effectiveness.

### **Clinical Performance Surveys**

Students are evaluated regularly in regards to competency and clinical performance.

### **Employer Surveys**

Our accreditation agency requires us to conduct employer follow-up surveys on our graduates. Employer surveys will be sent to your employer approximately 6 months after graduation.

### **Evaluations**

Students will be evaluated on a regular basis during didactic, laboratory and clinical sessions. Didactic evaluations include tests, laboratory practicum's, homework assignments, presentations and final exams. Clinical evaluations consist of two forms: the clinical competency evaluation form and the clinical progress evaluation form.

### **Program Effectiveness Survey**

Before graduation, students have the opportunity to evaluate program effectiveness to assure instructional, administrative, and support responsibilities are performed. This evaluation process also allows students to state areas of improvement within the program as well as areas of excellence.

## **Family Members in the Workplace**

For the safety and protection of our students, DCH does not permit students or employees to bring family members who are not DCH employees to school or work with them. This policy applies to all employees who are wearing a DCH badge including students.

## **Harassment**

### **How to Report Instances of Harassment**

DCH cannot resolve matters that are not brought to its attention. Therefore, everyone will be held accountable for accomplishing our goal of a harassment free classroom. Any student who believes they are being subjected to unlawful harassment or discrimination by a co-worker, management, physician or other individual (whether employed by DCH or not), or believes they are being adversely affected by such conduct, should report such

incidents and any other observations of unlawful harassment or discrimination to the Program faculty, Department Director/Manager. If a student is uncomfortable bringing a complaint to the attention of his or her Department Director/Manager, the employee should contact the Human Resources Department or the Employee Liaison. If the complaint or observation involves someone in the employee's direct line of command, or if the employee is uncomfortable discussing the matter with his or her direct supervisor, the employee is urged to go to the Human Resources Department, Employee Liaison, or any senior member of administration.

Additionally, any employee, supervisor, or manager who becomes aware of any possible unlawful harassment is directed to advise his or her superior, the Human Resources Department, or any senior member of administration. All complaints are to be forwarded to the Vice President of Human Resources.

### **How DCH Will Investigate Complaints**

DCH will conduct through the office of the Vice President of Human Resources a prompt and thorough investigation of the complaint or observation of all possible unlawful harassment or discrimination. The Vice President of Human Resources will meet with the complaining employee to discuss the results of the investigation and, where appropriate, review the proposed resolution of the matter. Since allegations of harassment or discrimination are serious matters for all concerned, discretion will be utilized in investigating and, where appropriate, remedying improper conduct. Information will be kept as confidential as possible and will be released only on a "need to know" basis. In addition, DCH will not tolerate any retaliation against an employee for making a good faith harassment complaint or for cooperating in a harassment investigation. Violations of this policy will not be permitted and will result in discipline up to and including discharge.

### **Our Commitment to an Effective Harassment Policy**

Finally, if you feel that your report or complaint of a possible violation of this policy has not been promptly or properly addressed or you otherwise feel that DCH has not met its obligations under the policy, you should contact the President/CEO or Corporate Compliance Officer. An effective harassment policy depends on all of us, working together, to address this very important subject.

### **Unlawful Discrimination and Harassment**

DCH Health System is committed to maintaining a work environment that is free from unlawful discrimination and harassment where employees at all levels are able to devote their full attention and best efforts to the job. Unlawful harassment, either intentional or unintentional, has no place in the work environment. Accordingly, it is and shall continue to be the policy of DCH that its employees and their work environment shall be free from all forms of unlawful harassment and intimidation. DCH will not discriminate or permit



discrimination against anyone because of race, religion, color, age, gender identity, sexual orientation, pregnancy, national origin, disability, genetic information, veteran status, or any other reason or factor prohibited by federal, state, or local law whether the harassment is caused by a co-worker, management, physician, or other individual (whether employed by DCH or not). Unlawful harassment can include, but is not limited to: slurs, epithets, threats, derogatory comments and unwelcome jokes which would make a reasonable person experiencing such harassment uncomfortable in the work environment or which would interfere with the person's job performance. Some examples of conduct that could be considered sexual harassment include:

- unwanted sexual advances
- offering employment benefits in exchange for sexual favors
- making or threatening reprisals after a negative response to sexual advances
- visual conduct: leering, making sexual gestures, displaying sexually suggestive objects or pictures, cartoons or posters
- verbal conduct: making or using derogatory comments, epithets, slurs, sexually explicit jokes, comments about an employee's body or dress
- verbal sexual advances or propositions
- verbal abuse of a sexual nature, graphic verbal commentary about an individual's body, sexually degrading words to describe an individual, suggestive or obscene letters, notes, or invitations
- physical contact: touching, assault, impeding or blocking movements

The purpose of this policy is not to regulate our employees' personal morality. It is to assure that in the workplace, each employee is able to accomplish his or her job without being subjected to unlawful harassment.

#### **Incident Weather / Emergencies / Disasters**

Should a student not be able to attend class, online class (when applicable), lab or clinic during times of severe weather (declared as such by the National Weather Service), they can take an absent weather day. There is no penalty to this, but the day has to be made up by the end of the quarter. The student can schedule the eight-hour shift on 3 – 11 or on a weekend 7 – 3 or 3 – 11 shift. Any make-up time has to have prior approval of the PD or Clinical Coordinator.

In case of weather conditions that render hazardous traveling, students are urged to use their best judgment. If there is no declaration of severe weather by the NWS, the school will operate under the regular attendance policy.

If the Program is closed due to inclement weather or disasters, students are not required to attend class, online class (when applicable), lab or clinic; however, ***any missed days deemed a necessary educational assignment may be re-assigned or may result in addition of allotted time at the end of the quarter to ensure academic and/or clinical requirements are fulfilled.***

### **Lactation Breaks**

DCH complies with all federal and state laws and regulations concerning breast-feeding and nursing mothers and provides assistance for nursing mothers who want to express breast milk at workplaces during business hours. This policy addresses different forms of lactation assistance that DCH provides for nursing mothers.

Students who are nursing mothers can use their two breaks to express breast milk for their children. Nursing mothers can take breaks to express milk beginning from the date of the nursing child's birth up to one year. Students who are nursing mothers can use their allotted break times of fifteen (15) minutes during each eight-hour (8) shift but must clock in and out. If a student needs to take an additional break, the PD must approve. Students must request and gain approval from the PD or instructor prior to leaving their area. For the convenience and privacy of nursing mothers, DCH Radiography Program will provide a private room at the school.

### **Library**

The student is encouraged to use the library facilities of the program. To obtain complete understanding of Radiography, the student may need additional reading. The program's library is located within the school.

Students can also access the UA Library which is located at The College of Community Health Sciences located at 850 5<sup>th</sup> Avenue East, Tuscaloosa, AL 35401. The general information number is 205-348-1360. Hours of operation are Monday through Thursday from 8:00 a.m. to 9:30 p.m. and Friday from 8:00 a.m. to 4:45 p.m.

A catalog for the library collection found at the Health Sciences library can be located at <http://library.ua.edu>

### **Markers**

As part of the acceptance package, an approved set of markers is ordered for each student. Each student is responsible for keeping up with their marker set. **Only the approved set of markers should be used on images from any clinical site.** At **no time** should markers be used that are made out of foreign objects, i.e. paper clips, paper, etc. If markers need to be replaced, it will be at the expense of the student and should be the exact type that was ordered by the Program.

In the event the student is missing their lead markers, they must report immediately to the CC or PD. Student will be subject to disciplinary action which may include being sent home and charged an absence.

Subsequent occurrences may result in additional disciplinary measure which may include dismissal from the program.

### **Name Badges**

The ID badge is to be worn at all times as a part of the uniform. ID badges are to be worn on the upper chest, only in a DCH provided badge holder with the picture and name displayed prominently. Only DCH service and award pins, badges or patches and professional school and certification pins, may be worn on the uniform. No political, religious or message buttons, stickers or pins not issued by DCH, may be worn.

Students who report to school/clinic without their ID name badge have the possibility of accruing two tardies for that day. If the student reports to school without their ID name badge, they must immediately contact the CC or PD. In the event the student acquires a replacement immediately from HR, only one tardy will be issued. In the event that a student is dismissed or withdraws from the program, the ID badge should be turned in to the PD.

### **Parking**

All students, regardless of reason for being at the school, are required to park across the street (Bryant Drive) in the large parking lot. **At no time** should a student park in the area in front of the Medical Tower main entrance, at the UOC office located behind the school or in the small lot in front of the school. Parking in any of these areas is **strictly prohibited** and you will be subject to ticketing and possible towing at your expense.

### **Personal Property**

Students are responsible for all personal property. DCH Health System will not be responsible for lost or stolen items. Lockers are provided free of charge at the school for the students; however, students are responsible for the lock if they wish to use one. Textbooks, which are lost or stolen, must be replaced at the owner's expense.

### **Pregnancy**

As a student radiographer, you may be exposed to more radiation than the general public. The Nuclear Regulatory Commission (NRC) Guide #8.13 has established a basic exposure limit for occupationally exposed students of 25 mrem (.25 mSv) (per calendar quarter, e.g., (Jan, Feb and Mar) or 100 mrem (1mSv) per calendar year. Because it is required that radiation levels in the clinical facility be kept as low as reasonably achievable (ALARA), there is no significant health risk to individual adult students.

The development of radiation exposure standards reflects the sensitivity of cells to radiation damage. This radiation sensitivity is related to the reproductive activity of the cells; embryos and fetuses are more radiosensitive than children and adults. Because of the sensitivity to an unborn fetus, the National Council on Radiation Protection (NCRP), (Report number 105, p. 13, 1989) has recommended that the dose equivalent limit to the unborn fetus from occupational radiation exposure of the expectant mother be limited to 5 mSv (.5 rem) for the entire pregnancy. It is the option of the student to inform program officials of her pregnancy. If the student chooses to voluntarily inform program officials of her pregnancy, it must be in writing, indicating that you are a declared pregnant student, and indicate the estimated delivery date. In the absence of this disclosure, in writing, a student will not be considered pregnant. It is your responsibility to decide whether the exposure you may receive is sufficiently low to protect your unborn child. The advice of the radiation safety officer (RSO) may be obtained to determine whether the radiation levels are high enough that the unborn child could receive 5 mSv (.5 rem) or more before birth. The alternatives you might want to consider if you are now pregnant or expect to become pregnant include the following:

Option 1:

You may continue in your current status as student radiographer without modification or interruption with the understanding that the radiation exposure to the fetus must be limited to 5 mSv (.5 rem) during the 9-month gestation period. This option may only be selected if prior badge readings indicate that less than 5 mSv (.5 rem) should be accumulated over the 9-month period. You should reduce your exposure as much as possible by practicing all ALARA concepts.

Option 2:

You could decide not to continue assignments or modify assignments in the areas where radiation is present, which could affect your graduation date. Should you choose this option, you may ask the PD or Clinical Coordinator to reassign you to areas involving less exposure to radiation. Didactic and clinical schedules shall be modified to enable you to continue in the program while minimizing exposure to ionizing radiation. There are no restrictions necessary for radiology (general, fluoro, portables, specials and CT). However, there are exceptions for some surgical procedures and brachytherapy.

Option 3:

If the above options are not possible, you might consider taking a leave of absence until the child is born, which again, could affect your graduation date. You may also choose to withdraw from the program until your physician permits you to return. You will be allowed to re-enter the program at the beginning of the subsequent quarter in which you left, providing no more than one year has passed since the time you left or withdrew. If you desire to continue your education after the one-year time frame, you will have to re-apply for admission into the program.

- A declared/undeclared pregnant student continuing in the program will be required to complete all program requirements (didactic courses and clinical education missed) as a result of any absence. Student disability and/or duration of excused absence must be determined by a physician and requires written verification.
- Students who choose to acknowledge pregnancy must make up any missed clinical time due to maternity prior to graduation from the program.
- A declared pregnant student may undeclare her pregnancy at any time by submitting a written withdrawal request to the Program Director and Clinical Coordinator.
- Additional information regarding federal guidelines for prenatal radiation exposure may be found at [www.nrc.gov/NRC/08/08-013.html](http://www.nrc.gov/NRC/08/08-013.html).

### **Reasonable Accommodation**

It is the policy of DCH to ensure that all individuals are provided with equal educational and employment opportunities without regard to disability. A qualified individual with a disability will be afforded the same opportunity based upon the same performance standards and requirements expected of persons who are not disabled.

When an individual with a disability needs accommodation in the educational and clinical setting, DCH will consider under appropriate circumstances whether a reasonable accommodation exists that will enable the individual to perform the necessary essential functions. Determining whether a reasonable accommodation is appropriate is an individualized process; decisions will be made on a case by case basis, depending upon the individual involved and essential functions of the job in question. No specific form of accommodation is guaranteed for all individuals with a disability.

The responsibility for seeking a reasonable accommodation begins with the employee or student. If you believe that a disability is preventing equal educational and employment opportunities, it is your responsibility to inform your direct supervisor or Program Director and to request a reasonable accommodation. Upon notification that a disability may exist, DCH may need to contact your physician(s) to obtain medical information and records relevant to determining an appropriate reasonable accommodation. DCH will work with you to determine an appropriate reasonable accommodation, but it cannot identify an accommodation without active participation on your part.

This is an interactive process that requires participation by DCH and the employee or student. Although DCH cannot guarantee that it will provide the accommodation that is most desired by the student, DCH will do its part to ensure that individuals with disabilities have an equal opportunity to compete in the workplace with those who are not disabled.

### **Refunds**

Refunds of unearned prepaid tuition, fees and other charges shall be made in the following manner within thirty (30) days of withdrawal/termination:

1. If withdrawal/termination occurs within seventy-two (72) hours of enrollment date, all money paid by the prospective student shall be refunded.
2. If withdrawal/termination occurs after seventy-two (72) hours of enrollment date, but before classes begin or correspondence materials are delivered; a refund shall be made of all money paid except the application and activity fee.
3. If withdrawal/termination occurs after classes begin or after shipment of correspondence materials, a pro rata refund will be made of all unearned prepaid tuition, fees and charges for books and supplies not issued to the student. Once books and supplies are issued and received by students, these become the property of students and refunds may be made only at the discretion of the private school.
4. A full refund is due to students whose contracted educational services are denied by the school as a result of economic or academic fraud as defined in the Code of Alabama § 16-46-1 (7) and (8) (1975).

### **Removal of Hospital Property**

Hospital property shall not be removed from DCH premises for personal use. A dated, written permission form by the Department Managers, Director of Imaging Services or the Division VP shall accompany any hospital property, regardless of value, being taken from the hospital for work-related use.

### **Safety & Health Care**

#### **Access to Health Care**

Access to health care is restricted to injuries sustained while attending school only. Illness or injuries not related to school or any follow-up care is the responsibility of the student. Students are not eligible for monetary worker's compensation for any loss of hours but will be covered under the hospital worker's compensation policy for treatment.

DCH Health System provides employees and students with health services through the facility employee health nurse. The health nurse is available at Regional Medical Center Monday - Friday from 7:00 a.m. to 4:00 p.m. The health nurse is located on the second floor of the medical tower in Suite 206. The phone numbers are 205-750-5905 or 205-759-7698. The health nurse is also available at Northport Medical Center on Tuesday from 7:00 a.m. - 3:30 p.m. The health nurse is located in the HR department.

Should a student be injured or become ill while in student status and require these services, the CI will be notified immediately. If the CI is not available, then the next person in charge should be notified. S/he will ensure that the student completes an Employee

Work Injury Form in MIDAS\* and is then referred to Employee Health and/or Emergency Department. Program Officials and the School Agent should be notified as well. If the injury or illness occurs after hours, then they should be referred to the Emergency Department, and the Employee Work Injury Form should be completed as well. If the student refuses treatment, or treatment is not needed, the student should go to Employee Health.

Employee Health will notify the PD and/or Clinical Coordinator regarding the status of the student within 24 hours of the filing of the incident report unless the report occurs after normal hours or on a weekend. Employee Health will provide a copy of the incident report to the PD within 24 hours of receipt.

Should Employee Health not be available at the time of the injury or illness, the CI/supervisor will be responsible for advising the student as outlined above. The incident report and final disposition of the student will be forwarded to Employee Health for review by close of the next business day.

***\*Students are not considered employees but the Sponsor recognizes this form across the Health System, and utilizes it for documentation, treatment, and evaluation.***

#### **After Hours Exposure**

After 4:00 p.m. or during weekends and holidays, and/or at a facility other than Northport or Regional; students must immediately report to the supervising technologist, complete the Employee Work Incident/Injury and Authorization Form and report to the emergency room at DCH for medical evaluation if necessary. Subsequent notification of Program Officials should occur when school resumes session.

An exposure incident is defined as follows:

- Injury with a contaminated sharp object (e.g., needle-stick, scalpel-cut).
- Spills or splashes of blood or other potentially infectious material onto non-intact skin or onto a mucous membrane (e.g., mouth, nose, eye).
- Exposure to TB

A personal injury is defined as follows:

- Harm or damage to the body while performing a work involved action

If a student has an exposure to blood/bodily fluids as described above, the student must first wash the injury site with soap and water, and immediately notify the faculty or preceptor.

Action Steps:

- 1) Report incident to supervising technologist.
- 2) Complete the Employee Work Incident/Injury Report and Authorization Form in MIDAS.
- 3) Notify Program Officials.
- 4) DO NOT LEAVE THE FACILITY unless directed to do so by the supervising technologist, Employee Health, Emergency Room physician and/or Program Officials.
- 5) Report to Employee Health or Emergency Room.

**NOTE: All students are required to participate in Blood borne Pathogens training prior to clinical experiences.**

**During School Hours Exposure**

Between the hours of 7:00 a.m. and 4:00 p.m., students who have or may have experienced an exposure incident or an incident involving personal injury must complete the DCH Employee Work Incident/Injury Report and Authorization Form and immediately report to the supervising technologist, employee health, and/or Program Officials.

**Guidelines for Students with Infectious Diseases**

It is vital for students to be aware of the importance of preventing the spread of infectious diseases. Students are exposed to patients that will either be a carrier of an infectious disease or be susceptible to acquiring an infectious disease. The student must keep in mind that our goal is to help our patients, not complicate their illness. If a student should contract a specified infectious disease, the PD will be notified immediately and the correct action for the protection of the patient and co-workers will be taken. A list of infectious diseases and the complete policy can be found on The Loop.

**Hepatitis "B" Immunization**

It is the policy of the DCH Health System for employees classified at reasonable risk for exposure to Hepatitis B to receive education, blood (titer) screening, or vaccinations according to their history.

**Student Health Services**

Each student accepted into the program is required to have a physical examination by the Medical Center's Occupational Health nurse/physician. This will be accomplished during the admissions process at no cost to the student.

Students also have access to River Oaks Employee Assistance Program (EAP) for short term counseling. River Oaks EAP is located in Wellington Town Center, just off McFarland Boulevard, at 201 Towncenter Blvd. N, Tuscaloosa. The location is easily accessible and



designed to provide our clients and their families a feeling of comfort and confidentiality.

### **Student Employment**

1. DCH Health System will not be responsible for any negligence, malpractice, illness or injury associated with radiography students during their employment at locations outside the DCH Health System.
2. Students who elect to work in any capacity can only do so **after** the normal academic and/or clinical day.
3. There should be no clocking in for pay while you are on academic and/or clinical time.
4. The program neither encourages nor recommends that students work while attending school because of the rigors of the curriculum.
5. Students who elect to work should do so only after careful consideration due to the demands of the educational program. Financial hardship and extenuating circumstances would be the exceptions.
6. Radiography examinations performed during employment hours may not be submitted for clinical education competencies.
7. Students employed within the DCH Health System will not have scheduled hours that would interfere with the time they are required to devote to didactic, laboratory and clinical hours.
8. When a scheduled class is cancelled for any reason or is let out early, the student **cannot** work at a DCH facility for the time frame of the class. There should be **no** clocking in on student time. After the time that the class should have been concluded, the student is then free to work **if** they are needed and only then with supervisor approval.
9. For those that work and are scheduled to be on the late shift as a student, you are allowed to work **only after** your student shift has ended.

## Student Records

### **Public Law 93-380: Protection of Rights and Privacy of Parents and Students**

#### **I. Definition of Student**

For the purposes of this policy, a student is defined as, any individual currently or previously enrolled in any course(s) offered by the DCH Regional Medical Center School of Radiologic Technology.

#### **II. Definition of Educational Records**

Student educational records are defined as those records, files, documents, electronic data, and other materials that might contain information directly related to a student and are secured by the program or by a person acting on behalf of the school.

#### **III. General Policy**

No information from records, files, or electronic data directly related to a student, other than public information, will be disclosed to individuals, or agencies outside the school without the written consent of the student, except pursuant to a lawful subpoena or court order, or except in the case of educational or government officials as provided by law. Information contained in such records may be shared within the school. Students will have access to all such information with the exceptions set forth below in accordance with the procedure outlined within this policy statement.

#### **IV. Records Security**

All student records are secured in locking filing cabinets located in the school offices. The school has designated the following individuals as being responsible for student records within their respective areas:

1. Program Director (PD) – has the overall responsibility of ensuring that each student entering the program has an established academic, laboratory and clinical record. The records must be current and secured by all provisions as set forth in this policy and governed by Public Law 93-380.
2. Clinical Coordinator (CC) – responsible for establishing, securing, and maintaining student clinical records in accordance with this policy and the Privacy Act of 1974.

3. Didactic Instructor – responsible for assisting in establishing, securing and maintaining student records with information provided by students and faculty in accordance with the Privacy Act of 1974.
4. School Agent – responsible for assisting in establishing, securing and maintaining student transcripts in accordance with the Privacy Act of 1974.

### **Academic Student Record Privacy Release and Authorization Form**

Student records are maintained and protected in accordance with the Family Education Rights and Privacy Act (Buckley Amendment). A signed copy of this form is maintained in each individual student's file.

### **Changes in the Policy**

This policy statement is subject to change by any additional federal regulations or court decision that may modify and/or negate any portion of these regulations. This statement of policy will be published in the appropriate school publications and/or bulletins.

### **Disclosure of Student Records to the Student**

The student has the right to inspect, in the presence of the appropriate record official, his or her records, files and electronic data primarily and directly related to the student. In order to inspect one's record, the student must first report to the office where the records are kept and initiate a written request. The right of inspection does not include financial statements of parents or confidential recommendations placed in the record prior to January 1, 1975. Students may also make verbal requests to inspect their academic records for any worthwhile reason.

### **Length of Time Records Are Kept**

The program is required to maintain a permanent transcript for each student enrolled in the program. This includes grades in addition to clinical competencies. The DCH Radiography Program maintains and retains detailed student records for the duration of the student's enrollment. The DCH Radiography Program will retain tests, grades, etc. for up to one year after the student has passed their boards.

### **Providing Records to Third Parties**

The general policy is to refuse access to student records to third parties without the written consent of the individual student. Should a student wish to have such records released, a written request must be directed to the proper records official specifying the records to be released, the person to whom the records are to be released to, and a request for copies to the student, if desired. The program will transfer or grant access to

the information. The established service fee for producing photocopies of the records will be assessed against the person whose record is involved.

### **Tuition**

Tuition to include the cost of books for the program is approximately \$12,000. The first quarter's tuition is due and payable upon acceptance into the program. The remaining tuition will be paid per quarter for the remaining seven quarters. **Each quarter's tuition is due 10 days before the next quarter begins.** ***Students will not be allowed to start the next quarter if tuition is not paid or payment arrangements have not been made. Each quarter must be paid completely before start of the next quarter.***

### **Withdrawal**

Students wishing to withdraw from the program should notify the Program Director in writing. Every effort shall be made to assist the student with this decision. If a student withdraws from the school or is dismissed, the name badge and radiation badge must be returned to the PD.



# Rules

## Cheating, Plagiarism & Appeals



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### **Cheating & Plagiarism**

Cheating is the act of obtaining or attempting to obtain credit for academic or clinical work by using dishonest means. It includes, but is not limited to copying another's work, in part or whole, consulting sources not specifically authorized by the instructor during an examination, falsification or misrepresentation of attendance or records.

Plagiarism is the act of utilizing someone else's work as your own without appropriate acknowledgment. If a student is in doubt about the nature of plagiarism, he/she should discuss the matter with the course instructor. If plagiarism occurs, disciplinary action will occur.

### **Decisions Related to Academic Matters**

Any grievances, which arise from complaints of the student with respect to academic matters, are covered under this category. It should be noted that assignment of grades is the prerogative of the individual faculty member, and unless assigned arbitrarily or capriciously, are not subject to appeal. The following academic matters will be subject to action as outlined in this document but are **not necessarily limited to**:

- Failure to meet academic standards or requirements of a course or the program.
- Dishonesty in assignments or examinations, or falsification or alteration of official documents such as transcripts or admissions forms.
- Plagiarism.
- Violation of any specified honor code.
- Failure to fully disclose required information and/or documentation during the admissions process.

### **Program Disciplinary Procedure: Academic**

The faculty member or Program Director will notify the student of any proposed changes in the student's academic status, or charges made against the student. The student shall be given an opportunity to meet with the instructor or Program Director to discuss the proposed change in academic status or to explain or refute the charges. Every effort shall be made to resolve an alleged problem using the prescribed program policies and procedures. If action is recommended, the Program Director will give written notification to the student specifying the reason(s) for a change in the student's academic status and citing the action to be taken. A copy of this notification shall be forwarded to the appropriate DCH Regional Medical Center administrative personnel. Decisions made by the program may include but not be limited to the following actions:

1. Grade adjustment
2. Probation
3. Suspension
4. Dismissal from the program

5. Option of voluntary withdrawal by the student

The procedures outlined further in this policy will go into effect only if the student wishes to appeal the decision of the Program Director. The student may remain in his/her academic program during the appeals procedure unless the safety of patients or other persons is jeopardized.

**Student Appeals Procedure for Academic Matters**

The student may request a hearing after receiving written notification citing program action. The student must request such a hearing in writing to the Program Director. If the student does not request a hearing within three (3) working days, the action cited by the Program Director will become final.

Should the student request a hearing, the Grievance Committee will hold a hearing in which the student may be present. After the hearing, the Grievance Committee will formulate its decision regarding the appropriateness of the program's disciplinary action. This decision will be final. The usual course of action for disciplinary procedures is as follows:

1. Counseling with the Program Director with written documentation.
2. Probation for a length of time determined by the Program Director.
3. Suspension for a length of time determined by the Program Director.
4. Dismissal from the program.

**Decisions Related to Nonacademic Matters**

Misconduct is a behavior which interferes with the educational process or which jeopardizes the welfare of the patient, fellow students, and/or faculty. The following non-academic matters will be subject to disciplinary action as outlined in this document but **are not limited to**:

- Insubordination to instructors, supervisors, and staff.
- Disrespectful, disruptive or lackadaisical behavior.
- Excessive tardiness or unexcused absences.
- Violation of any specified honor code or code of professional ethics.
- Possession of or being under the influence of alcoholic beverages or illegal drugs while assigned to a clinical education center, attending class or laboratory sessions.
- Participation in activities threatening the safety of others in a clinical site, lab or classroom.
- Illegal possession of dangerous weapons while in a clinical site, lab or classroom.



- Stealing from any individual or DCH Regional Medical Center entity.
- Exhibiting unprofessional behavior by
  - a) Falsification of patient records,
  - b) Improper practice of the profession,
  - c) Willful neglect of a patient,
  - d) Improper use of equipment or participation in activities which potentially damage equipment, supplies, and/or private and public property.

**Program Disciplinary Procedure: Non-Academic**

Student misconduct shall be reported to the Program Director, Clinical Coordinator, and Didactic Instructor, preceptor staff, Radiology Department Manager or legal authority. Any person may report student misconduct.

Every effort shall be made to resolve the alleged problem using the prescribed program policies and procedures.

If a student is reported for misconduct and disciplinary action is recommended, the Program Director will give written notification to the student specifying the charges and citing the disciplinary action to be taken. A copy of this notification will be forwarded to the appropriate DCH Regional Medical Center administrative personnel. Decisions made by the program may include but not be limited to the following disciplinary actions:

1. Grade adjustment
2. Probation
3. Suspension
4. Expulsion
5. Option of voluntary withdrawal by the student

In cases where personal or public property has been stolen, defaced, disfigured, damaged or destroyed; the disciplinary action may also include an appropriate monetary reimbursement for compensatory damages.

The procedures outlined further in this policy will go into effect only if the student wishes to appeal the decision of the Program Director. It will be the decision of the Program Director whether the student shall remain in the academic portion of the program during the appeals process. This decision will be based on the nature of the misconduct.

**Student Appeals Procedure for Nonacademic Matters**

The student may request a hearing with the Grievance Committee after receiving notification citing the Program Director's decision. The student must inform the Program

Director in writing of the request for a hearing. If the student does not request a hearing within three (3) working days, the action cited by the Program Director will become final. Should the student request a hearing, the Grievance Committee will hold a hearing in which the student may be present and examination of witnesses may take place. After the hearing, the Grievance Committee will formulate its decision regarding the appropriateness of the program's disciplinary action. This decision will be final.

### **Formal Appeals Process**

1. Following the failure to reach resolution through the informal grade appeals process and not later than the 15<sup>th</sup> class day of the quarter, the student must complete the Notice of Intent to Formally Appeal a Grade form.

On the form, the student will be asked to:

- a. verify that s/he has been unsuccessful in reaching a resolution through the informal appeals process;
  - b. precisely and specifically state the reasons for the appeal; and
  - c. offer suggestions as to what the student would consider a fair resolution of the appeal, with supporting reason(s);
  - d. The form should be submitted to the PD. After all signatures are obtained, copies of the form will be distributed to the student and the instructor.
2. The instructor will be asked to submit a written response to the PD and to the student within five class days of the receipt of the appeal. The PD will attempt to resolve the appeal within five additional days through conferencing with the instructor and the student appellant. If not resolved within five class days, the PD will request in writing to the department's Advisory Committee that the Committee consider the appeal.

The Advisory Committee is comprised as listed in the program's published material according to the department's policy. In addition, the PD strongly recommends that the department's Advisory Committee handling the grade appeal include one voting student member listed on the Advisory Committee (s/he must be a junior or senior in the program who is in good academic and disciplinary standing). Including a student on the committee is in keeping with a longstanding DCH Radiography Program commitment to fully involve students in responsible leadership, advisory and governance capacities whenever possible.

A quorum for decisions of the Committee is three-fourths or more of the assigned members. The highest ranking and within rank the most senior faculty member and/or the Administrator of the Committee shall be the chair. The Program handbook outlines the Committee membership selection process.

3. The student appellant and the instructor(s) involved may submit additional brief written summaries of the evidence to the chair of the student grade appeal committee within five class days after the chair notifies the Committee that a formal appeal has been filed. The student has the right to consult with a Radiography Program faculty member of the student's choice. The faculty member may also attend the grade appeal hearing if one is conducted. Based upon the evidence presented and any additional evidence requested by the Committee, the Committee will meet to decide if there are grounds for a hearing. Minutes of the meeting must be kept and copies of any evidence presented shall become part of the record.
  - a. If the student grade appeal committee decides by a majority vote at a meeting at which a quorum is present that there are grounds for a hearing, a formal hearing will be scheduled not sooner than ten and not later than twenty class days after the notice of a hearing is given to the instructor and the student appellant.
  - b. If the student grade appeal committee decides by a majority vote at a meeting at which a quorum is present that there are no grounds for a hearing, the appeal goes to step 5 of the process, and, if certified, the grade remains unchanged.

In either case, the student and the instructor shall be notified in writing within two class days of the Committee's decision. Copies of the minutes of the Student Grade Appeal Committee meeting shall accompany the notification of the decision. Should a hearing be necessary, the Committee chair will notify in writing the student appellant and the instructor at least three class days prior to the hearing date. The Student Grade Appeal Committee cannot change a grade without a full hearing as described in the next step.

4. If a hearing is to be held, the Student Grade Appeal Committee will conduct the hearing at which both the student appellant and the involved instructor(s) must be present. The student may also elect to have present; a faculty advisor, who may privately counsel the student but may address the Committee or question witnesses. Neither party may be represented by legal counsel at these proceedings. In the event that either the student or the faculty member is absent at the time of the appeal as a result of illness, resignation or any other reason found valid by the Student Grade Appeal Committee, the Committee may delay the hearing until a more appropriate time. If the Committee determines that the reason is not valid, the Committee may proceed with the hearing and notify the absent party that a full hearing was held in his/her absence. The faculty member and student appellant shall place all available pertinent grade records and student class work

for the student bringing the appeal in the hands of the Student Grade Appeal Committee. Access to work of other students in the course must protect the privacy rights of the students either by requiring permission of the students or through having their names withheld. Members of the Committee must be present at the hearing in order to be eligible to vote. Minutes of the hearing must be kept.

The hearing should proceed as:

- a. The chair of the Student Grade Appeal Committee calls the hearing to order. All those present for the hearing introduce themselves and indicate their roles in the hearing. The chair points out that one member of the Committee will be taking notes. The chair reminds all present that all participants are bound by the Radiography Program Honor Code and asks for the verbal assurance of each that s/he will uphold the honor code. The chair then states the purpose of the hearing and briefly explains the procedure.
- b. Any witnesses present are dismissed from the hearing room. They are asked to remain available outside the room, to be called upon as needed.
- c. The student appellant makes a statement about the reason(s) for the appeal. This statement should be limited to the reason(s) included on the Intent to Formally Appeal a Grade form.
- d. The instructor makes a statement stating his/her position as to why the awarded grade was appropriate.
- e. Members of the Committee may direct questions, first to the student appellant and then to the instructor. The instructor has the opportunity to ask questions of the student appellant and the student appellant may ask questions of the instructor.
- f. The student appellant may call upon his/her witnesses, one at a time. Witnesses are questioned by the Committee. The instructor may also ask questions of the witnesses if s/he chooses to do so. Each witness is thanked and dismissed.
- g. The instructor may call upon his/her witnesses, one at a time. Witnesses are questioned by the committee. The student appellant may also ask questions of the witnesses if s/he chooses to do so. Each witness is thanked and dismissed.

- h. The instructor is given the opportunity to make a brief final statement that summarizes his/her position that the original grade was appropriate.
- i. The student appellant is given the opportunity to make a brief final statement that summarizes his/her position that a change of grade is warranted.
- j. The student appellant and the instructor are informed that they will be notified in writing within five days of the Committee's decision. They are also informed that the Committee's decision is final and may not be appealed. The chair asks everyone to leave the hearing room except the members of the Grade Appeal Committee.
- k. The Committee deliberates and reaches a decision. The chair dismisses the hearing. One of three outcomes may result from the hearing:
  - i. If two-thirds or more of the members of the Grade Appeal Committee present vote in favor of a grade change, the grade shall be changed as indicated above.
  - ii. If less than two-thirds of the members of the Grade Appeal Committee present vote in favor of a grade change, no grade change shall be mandated.
  - iii. In the event the faculty member concerned refuses to participate in the appeals procedure (e.g., does not submit a written response to the appeal or refuses to provide available materials essential for the appeals procedure), the Grade Appeal Committee may, by a simple majority vote of those present and voting (excluding abstentions), initiate a grade change. This decision shall have the same effect as a vote of more than two-thirds (i.e., the decision is binding). The Chair of the Committee shall inform the student appellant of its decision by written memorandum, with copies to the instructor, and the program officials. The written memorandum shall be transmitted within five class days of the hearing and shall include a description of the process followed from informal appeals through the hearing decision, copies of all material presented and a copy of the minutes of the hearing.

As is usual in academic debate, the individual proposing the change has the opportunity to speak first and last. Since the student appellant maintains the burden of proof to demonstrate that a change of grade is justified, s/he will give the initial opening statement and the final closing statement.

5. The Committee may select to have an outside administrator to review the process, all related materials, and hearing minutes within five class days of the receipt of all materials. If that option is utilized, then the following occurs:
  - a. If that administrator certifies that the procedures were followed, the grade appeal is completed. If indicated by the Grade Appeal Committee in its findings, grade changes are initiated as indicated above.
  - b. If that administrator finds substantive errors in the process that they believe could have reasonably altered the decision reached, reconsideration by a separate Grade Appeal Committee in another department shall be initiated by that administrator. The reconsideration shall begin at step 4 of this process.
  
6. Changes of grade shall be initiated as follows:
  - a. If the Grade Appeal Committee rules in favor of a grade change, the PD shall request that the faculty member contact the school agent to change the grade within five class days after the PD's certification of the process.
  - b. If two-thirds or more of the Committee voted for a grade change (or a simple majority if the faculty member refused to participate in the procedure) and the faculty member does not initiate a grade change within five class days of the request by the PD, then the PD shall forward the Committee's decision to the school agent, who shall then change the grade.

Decisions reached through this process are final and may not be appealed.

### **Grade Appeal Procedure**

The grade appeals procedure is designed to give the student the opportunity to correct an injustice. It should be utilized only when the student contends that the final course grade assigned by the instructor is arbitrary, capricious or an error. It is not to be used to challenge grades on individual assignments. The terms arbitrary or capricious implies that:

- The student has been assigned a grade on the basis of something other than his/her performance in the course, or;
- Standards utilized in the determination of the student's grade are more exacting or demanding than those applied to other students in the course, or;
- The grade is based upon standards that are significant, unannounced and unreasonable departures from those articulated in the course description distributed at the beginning of the course.

The assessment of the quality of the student's academic performance is one of the major responsibilities of faculty members and is solely and properly their responsibility. A grade appeal is not appropriate when a student simply disagrees with the faculty member's judgment about the quality of the student's work. A student who is uncertain about whether or not a grade should be appealed or who needs additional information about the grade appeals process can contact the PD.

The burden of proof is always on the student appellant to prove that a change of grade is an appropriate action in his/her case. Students must adhere to the timelines delineated in this policy or the right to appeal may be lost. The PD may, under extreme circumstances, extend timelines at his/her discretion. The Notice of Intent to Formally Appeal a Grade can be found in the Appendix section of this handbook.

### **Grievance Committee and Procedures**

The purpose of the grievance committee is to provide fair and equitable treatment to all students. The committee and its members are available to resolve complaints presented by the Student Advisory Committee or by individual students. Such complaints or grievances are not restricted to those related to the STANDARDS or program policies. During a student's enrollment, there may be instances when s/he feels that they have received unfair treatment regarding the STANDARDS or other program policies and procedures. Sometime in the relationship between students and faculty, dissatisfactory actions can develop.

Often these are the result of misunderstandings or a lack of information. Before a grievance or complaint can be resolved, it must be expressed. Any time a student feels that s/he has been unfairly treated or if they have a complaint or grievance related to the STANDARDS or program policies and procedures, s/he should refer to the following steps to ensure due process in a timely and just manner. These steps apply to, but are not limited to, grievances/complaints related to the JRCERT STANDARDS and program policies and procedures.

1. Students should try to resolve problems at the lowest possible level. This means first discussing your complaint/grievance with your immediate supervisor or instructor. More than one attempt at this level may be required before a resolution is reached. The initial grievance/complaint should be discussed with

your immediate supervisor/instructor within 72 hours of the grievance or complaint.

2. If you have not received a satisfactory response to your grievance/complaint from your immediate supervisor or instructor within five (5) class days, you are encouraged to take your grievance/complaint to the PD. A written complaint detailing the circumstances of the problem, and your attempt to resolve it through your immediate supervisor or instructor should be presented to the PD. If the complaint is related to a STANDARD or program policy, you must include reference to the specific STANDARD/program policy. The PD may consult the Student Advisory Committee for input regarding the complaint within ten (10) class days of the initial complaint. If the PD was involved in Step 1, the written complaint will be presented to the Grievance Committee within ten (10) class days of the initial complaint. If the PD was not involved in Step 1, s/he will meet with you within ten (10) class days of the initial complaint and respond to your complaint in writing within five (5) class days of that meeting.
3. If you are not satisfied with the response from the PD, you should; within three (3) class days of her response, file your written complaint with the Grievance Committee. You should include copies of all written material sent to or received from the PD and your instructor/supervisor. The Grievance Committee will convene a meeting within five (5) class days from the receipt of your complaint to discuss and review. The Grievance Committee may request that you be present during the meeting. The committee will make a recommendation to the appropriate hospital administrator within three (3) class days after their meeting. The Administrator may or may not take the recommendation of the Grievance Committee.

The Administrator will meet with you within five (5) class days after receiving the recommendation from the Grievance Committee. S/he will render a final decision at that time. No other appeals process is available at this point with the exception of program non-compliance.

4. In the event your complaint/grievance is solely related to program non-compliance, you may contact the JRCERT directly by letter, phone or email with your non-compliance complaint within sixty (60) class days of the initial complaint. A non-compliance allegation form is available on their web site at [www.jrcert.org](http://www.jrcert.org). Their address and phone number is:



JRCERT  
20 North Wacker Drive  
Suite 2850  
Chicago, IL 60606-2901  
(312) 704-5300  
E-mail: [mail@jrcert.org](mailto:mail@jrcert.org)

### **Informal Appeals Process**

The student must begin the grade appeals process by contacting the instructor in an attempt to resolve the disagreement in an informal and cooperative atmosphere. This discussion should take place within the first ten class days after the beginning of the following quarter. If the student and instructor cannot, after consultation, reach a satisfactory resolution within the first ten days from the beginning of the following quarter, the student may begin the formal grade appeals process.

### **Reporting Procedure for Students**

Any student may report misconduct or address a concern or event, and every effort will be made to resolve the alleged problem using the policies and procedures in the handbook. Referring to the organizational chart, alleged problems are to be reported to the Program Director, Clinical Coordinator, Didactic Instructor, preceptor staff, and Radiology Department Manager.

The organizational chart should also be used when addressing the correct person.

Examples:

1. In the event the problem is with a didactic instructor, it is suggested that the student discuss the problem with the instructor first, before going to the PD. If the problem is not resolved, then the Programs organizational chart should be used.
2. In the event the problem is with the clinical coordinator, it is suggested that the student discuss the problem with the clinical coordinator first, before going to the PD. If the problem is not resolved, then the Programs organizational chart should be used.
3. In the event the problem is with the Program Director, it is requested that the student discuss the problem with the clinical coordinator first, and then may speak with the Imaging Director if the problem is not resolved.
4. In the event the problem is with a technologist, it is requested that the student discuss the problem with the clinical coordinator first, and then may speak with the PD if the problem is not resolved.

This procedural system is in place to ensure minimal disruption to the daily operation of the *Program*. It is inappropriate behavior and against behavioral standards for a student to discuss alleged problem openly in the clinical area, classroom or lab setting, or in any public forum which includes, but is not limited to social media.

# Academic Standards

## Classroom Conduct, Course Descriptions, Curriculum & Requirements



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## **Academic Requirements**

The grading system for the Program is as follows:

|          |   |   |
|----------|---|---|
| 93 - 100 | = | A |
| 83 - 92  | = | B |
| 75 - 82  | = | C |
| Below 75 | = | F |

**Students must pass all didactic courses with a minimum grade of 75.** This grade is computed based on the number of tests and assignments required in each course and will follow the grading system shown above. Any courses failed must be successfully repeated before the student will be eligible for graduation. The student may continue in the program if only one class has been failed. However, the course must be repeated when it is offered the following year. To ensure that all graduation requirements are met, clinic time missed to accomplish this will be made-up before the student will be eligible for graduation. To be eligible for graduation, the student must satisfy all graduation requirements within 150% of the published program length from the date of matriculation.

If the student is unable to pass a course after the second attempt, s/he will be dismissed from the program. Failure of two courses (didactic and/or clinical) during the two-year program will lead to dismissal from the program, unless remediation is deemed appropriate by the PD.

Each student entering DCH Regional Medical Center's School of Radiologic Technology will be on **probation for the first three months of the program.** This three-month period is used for both the program and the student to assess their ability to meet the requirements of the program. **All students must sign a statement upon entering the program acknowledging the three-month probation period.**

If at any time during this three-month probationary period, it becomes evident to the staff that a student's attitude and/or aptitude for a career in Radiography is unsuitable, the student will be so advised and asked to withdraw from the program.

The PD will review each student's progress at the end of the three-month probationary period. If all requirements have been met, the probation will be withdrawn. If, after the probationary period, the student has not proven that s/he can meet the necessary requirements, his/her case will be brought before the Advisory Committee. The committee will make recommendations concerning the final status of the student. The committee's recommendations can be appealed by the student following the guidelines set forth in the Student Appeals Procedure.

If at any time following the probationary period, the student fails to meet the minimum program requirements, action will be taken by the PD and the Advisory Committee as outlined in the

Student Appeals Procedure under "Decisions Related to Academic Matters". At any time during the program, if the student decides that they do not wish to continue with the program, they may send a formal letter of withdrawal to the PD. The PD will meet with the student to discuss the circumstances. If the student's decision is final, they will be allowed to withdraw. At this time, the student will be required to complete resignation forms and turn in their ID and radiation badge. Any tuition paid in advance for courses not completed will be refunded to the student in accordance with the refund policy.

### **ALSRT Education Seminar**

All students are encouraged to attend and participate in the following educational seminar.

Annual meeting of the Alabama Society of Radiologic Technologists (ALSRT) held in the spring of each year. Seniors (2<sup>nd</sup> year students) are ***required to participate in one of the following at this meeting:***

**I. Student Essay Competition**

Students are encouraged to write an essay related to the profession and submit it for competition at the annual meeting of the Alabama Society of Radiologic Technologists (ALSRT) held each spring. Awards are presented for the top four essays. Contact a faculty member for essay competition guidelines.

**II. Student Exhibit Competition**

Students are encouraged to design and construct a scientific exhibit related to medical imaging for display at the ALSRT annual meeting. Awards are presented for the top four exhibits. Contact a faculty member for exhibit competition guidelines.

**III. Student Bowl Competition**

Students are encouraged to volunteer to practice and participate in the annual student bowl competition held each year at the ALSRT annual meeting. This is one of the most exciting and rewarding competitions available to students. The bowl team will consist of three students and one alternate. You will compete against other teams from other radiography programs. The Student Bowl Team trophy is awarded to the school's PD to be displayed at their school for the entire year. Contact a faculty member for specific student bowl guidelines.

If extenuating circumstances are granted for non-attendance, the student must perform clinical education duties during each day of the meeting. In addition, s/he must write a term paper as outlined by the PD and s/he must participate in the Student Scientific Essay/Exhibit Competition even though s/he may be unable to attend the meeting. It is a requirement of the student to meet all deadline requirements for each competition.

### **Classroom Conduct**

Students in this program are considered adults and are expected to act appropriately. Behavior that is disrespectful or disruptive will not be tolerated; the student will be asked to leave the class. Each occurrence will be documented and may result in counseling from the instructor and program director. Handbook policy will be followed. Each course syllabi have specifications applicable to the course.

### **Course Descriptions for Rad Tech Courses**

#### **DCH 411 - Orientation**

This provides orientation to the DCH Health System and Radiography Program as well as the profession of Radiologic Technology. Initial emphasis is on the student's role as a radiographer in the healthcare delivery system to include but not limited to: student responsibilities for clinical and classroom, basic radiation protection, key departments and program personnel, Computer Based Testing, AIDET skills, CPR, Program handbook review, Health System tours, Expanse, Trajecsys and Synapse/PACS. Students will receive a detailed orientation schedule. *Theory credit hours are a 1:1 contact to credit ratio. Manipulative labs are 3:1 and experimental labs are 2:1 ratio.*

#### **RAD 100 - Introduction to Radiologic Sciences & Healthcare**

This course provides an orientation to the Radiography Program and the profession of Radiologic Technology. Initial emphasis is on the student's role as a radiographer in the healthcare delivery system to include responsibilities, historical development in Radiology, professional organizations, accreditation, regulatory agencies and program personnel. Content provides an overview of the foundations of radiography and the practitioners' role and the healthcare delivery system. Principles, practices and policies of healthcare organization are examined and discussed in addition to the professional responsibilities of the radiographer. *Theory credit hours are a 1:1 contact to credit ratio. Manipulative labs are 3:1 and experimental labs are 2:1 ratio.*

| THEORY | LAB | CLINIC | COURSE |
|--------|-----|--------|--------|
| 20     | 0   | 0      | 2      |

#### **RAD 101 - Patient Care**

Content provides the concepts of optimal patient care, including consideration for the physical and psychological needs of the patient and family. Routine and emergency patient care procedures are described, as well as infection control procedures using standard precautions. The role of the radiographer in patient education is identified. Basic concepts of pharmacology, venipuncture and administration of diagnostic contrast agents and intravenous medications. The appropriate delivery of patient care during these procedures is emphasized. *Theory credit hours are a 1:1 contact to credit ratio. Manipulative labs are 3:1 and experimental labs are 2:1 ratio.*



| THEORY | LAB | CLINIC | COURSE |
|--------|-----|--------|--------|
| 20     | 20  | 0      | 3      |

### **RAD 105 - Radiographic Procedures I**

This course will introduce radiographic procedures consisting of positioning, associated terminology, projections, views, motion control, accessory equipment and patient considerations. An introduction to radiographic image analysis, technique applications and evaluation and critique is applied in classroom and laboratory environments. Supervised laboratory in image production, procedures and radiographic anatomy identification of the visceral thorax to include pharynx, larynx and abdomen is required. Age-related competencies will be included for all age groups. Upon completion of the course the student will demonstrate knowledge of anatomy and positioning skills, oral communication and critical thinking in both the didactic and laboratory settings. *Theory credit hours are a 1:1 contact to credit ratio. Manipulative labs are 3:1 and experimental labs are 2:1 ratio.*

| THEORY | LAB | CLINIC | COURSE |
|--------|-----|--------|--------|
| 30     | 30  | 0      | 4      |

### **RAD 110 - Clinical Education PRCT I**

This clinical course introduces the operation of the medical imaging department and equipment. Scheduled clinical education rotations begin and the shifting of rotations may begin this quarter. Supervision, instruction, clinical practice, and procedural competency testing is performed as outlined in Section V, clinical education handbook. Clinical practice experiences are designed to provide patient care and assessment, competent performance of radiologic imaging and total quality management. Levels of competency and outcomes measurement ensure the well-being of the patient prior to, during and following the radiologic procedure. *Preceptorship: Ratio 5:1 (one hour of credit for five hours of preceptorship instruction)*

| THEORY | LAB | CLINIC | COURSE |
|--------|-----|--------|--------|
| 0      | 0   | 150    | 3      |

### **RAD 202 - Radiobiology**

Content provides an overview of the principles of the interaction of radiation with living systems. Radiation effects on molecules, cells, tissues and the body as a whole are presented. Factors affecting biological response are presented, including acute and chronic effects of radiation. *Theory credit hours are a 1:1 contact to credit ratio. Manipulative labs are 3:1 and experimental labs are 2:1 ratio.*

| THEORY | LAB | CLINIC | COURSE |
|--------|-----|--------|--------|
| 20     | 0   | 0      | 2      |

**RAD 203 - Imaging Equipment and Radiation Production**

Content establishes a basic knowledge of atomic structure and terminology. Also presented are the nature and characteristics of radiation, x-ray production and the fundamentals of photon interactions with matter. A knowledge base is established in radiographic, fluoroscopic and mobile equipment requirements and design. The content also provides a basic knowledge of quality control. *Theory credit hours are a 1:1 contact to credit ratio. Manipulative labs are 3:1 and experimental labs are 2:1 ratio.*

| THEORY | LAB | CLINIC | COURSE |
|--------|-----|--------|--------|
| 3      | 0   | 0      | 3      |

**RAD 205 - Radiographic Procedures II**

This course provides instruction in Radiologic procedures, radiographic positioning and image analysis of the upper extremity, shoulder girdle, lower extremities and long bone measurements. Supervised laboratory and evaluation in image production, procedures, and radiographic anatomy identification is required. Procedural competency testing as outlined in Section V, clinical preceptor handbook. Course will also discuss age-specific competence. Age-related competencies will be included for all age groups. Includes discussion of trauma and mobile imaging. *Theory credit hours are a 1:1 contact to credit ratio. Manipulative labs are 3:1 and experimental labs are 2:1 ratio.*

| THEORY | LAB | CLINIC | COURSE |
|--------|-----|--------|--------|
| 30     | 30  | 0      | 4      |

**RAD 210 - Clinical Education PRCT II**

This clinical education course provides assignments to all radiographic areas within the Imaging department. Rotations will include diagnostic radiology, digital equipment, fluoroscopy, mobile procedures, surgery, outpatient imaging facilities, and the emergency department. Procedural competency testing as outlined in Section V, clinical education handbook. *Preceptorship: Ratio 5:1 (one hour of credit for five hours of preceptorship instruction)*

| THEORY | LAB | CLINIC | COURSE |
|--------|-----|--------|--------|
| 0      | 0   | 200    | 4      |

**RAD 302 - Radiation Protection**

Subject matter as outlined on the syllabus to introduce and enhance the student radiographer's knowledge in the principles of radiation protection. Content presents an overview of the principles of radiation protection, including the responsibilities of the radiographer for patients, personnel and the public. Radiation health and safety requirements of federal and state regulatory agencies, accreditation agencies and health care organizations are incorporated.

Theory credit hours are a 1:1 contact to credit ratio. Manipulative labs are 3:1 and experimental labs are 2:1 ratio.

| THEORY | LAB | CLINIC | COURSE |
|--------|-----|--------|--------|
| 20     | 0   | 0      | 2      |

**RAD 303 - Principles of Exposure and Image Production**

**Prerequisite: A letter grade of C or higher in RAD 203**

This course establishes a knowledge base in technical factors that govern the image production process. Beam restricting devices, grids, filtration, radiographic quality, radiographic exposure, radiographic technique and automatic exposure control are described. *Theory credit hours are a 1:1 contact to credit ratio. Manipulative labs are 3:1 and experimental labs are 2:1 ratio.*

| THEORY | LAB | CLINIC | COURSE |
|--------|-----|--------|--------|
| 20     | 0   | 0      | 2      |

**RAD 305 - Radiographic Procedures III**

This course provides instruction in Radiologic procedures, radiographic positioning, image critique, and analysis of the pelvic girdle, five segments of the vertebral column, and bony thorax. Supervised laboratory and evaluation in image production, procedures, and radiographic anatomy identification is required. Procedural competency testing is performed as outlined in Section V, clinical education handbook. Course will also discuss age-specific competence. Age-related competencies will be included for all age groups. Includes discussion of trauma and mobile imaging. *Theory credit hours are a 1:1 contact to credit ratio. Manipulative labs are 3:1 and experimental labs are 2:1 ratio.*

| THEORY | LAB | CLINIC | COURSE |
|--------|-----|--------|--------|
| 30     | 30  | 0      | 4      |

**RAD 310 - Clinical Education PRCT III**

Clinical practice experiences are designed to provide patient care and assessment, competent performance of radiologic imaging and total quality management. Levels of competency and outcomes measurement ensure the well-being of the patient prior to, during and following the radiologic procedure. This clinical education course includes rotation assignments through all radiographic imaging areas to include mobile procedures and surgery. Competency testing continues as outlined in Section V, clinical education handbook. *Preceptorship: Ratio 5:1 (one hour of credit for five hours of preceptorship instruction)*

| THEORY | LAB | CLINIC | COURSE |
|--------|-----|--------|--------|
| 0      | 0   | 200    | 4      |

**RAD 400 - Image Analysis**

Content provides a basis for analyzing radiographic images. Included are the importance of optimal imaging standards, discussion of a problem-solving technique for image evaluation and the factors that can affect image quality. Actual images will be included for analysis. *Theory credit hours are a 1:1 contact to credit ratio. Manipulative labs are 3:1 and experimental labs are 2:1 ratio.*

| THEORY | LAB | CLINIC | COURSE |
|--------|-----|--------|--------|
| 2      | 0   | 0      | 2      |

**RAD 401 - Ethics & Law in the Radiographic Sciences**

This course provides a foundation in ethics and law related to the practice of medical imaging. An introduction to associated terminology, concepts and principles will be presented to serve as a background for ethical and legal issues found in clinical practice. Specific case studies regarding medical imaging will be presented and discussed. *Theory credit hours are a 1:1 contact to credit ratio. Manipulative labs are 3:1 and experimental labs are 2:1 ratio.*

| THEORY | LAB | CLINIC | COURSE |
|--------|-----|--------|--------|
| 20     | 0   | 0      | 2      |

**RAD 405 - Radiographic Procedures IV**

This course provides instruction in Radiologic procedures, associated terminology, radiographic positioning, image critique, and analysis of the cranium and associated structures, supervised laboratory and evaluation in image production, procedures, and radiographic anatomy identification is required. Continuation of procedural competency, testing and performance. Course will also discuss age-specific competence. Age-related competencies will be included for all age groups. Includes discussion of trauma and mobile imaging. *Theory credit hours are a 1:1 contact to credit ratio. Manipulative labs are 3:1 and experimental labs are 2:1 ratio.*

| THEORY | LAB | CLINIC | COURSE |
|--------|-----|--------|--------|
| 30     | 30  | 0      | 4      |

**RAD 410 - Clinical Education PRCT IV**

This clinical education course includes rotation assignments through all radiographic imaging areas to include mobile procedures and surgery. Shift rotations may continue. Continuation of procedural competency, testing and performance as outlined in Section V, clinical education handbook.

Clinical practice experiences are designed to provide patient care and assessment, competent performance of radiologic imaging and total quality management. Levels of competency and outcomes measurement ensure the well-being of the patient prior to, during and following the

radiologic procedure. *Preceptorship: Ratio 5:1 (one hour of credit for five hours of preceptorship instruction)*

| THEORY | LAB | CLINIC | COURSE |
|--------|-----|--------|--------|
| 0      | 0   | 200    | 4      |

### **RAD 502 - Digital Imaging & Acquisition**

This course offers a combination of theory and practical application of digital imaging and how these images are acquired and formed. These contents impart an understanding of the components, principles and operation of digital imaging systems found in diagnostic radiology. Factors that impact image acquisition, display, archiving and retrieval are discussed. Principles of digital system quality assurance and maintenance are presented. *Theory credit hours are a 1:1 contact to credit ratio. Manipulative labs are 3:1 and experimental labs are 2:1 ratio.*

| THEORY | LAB | CLINIC | COURSE |
|--------|-----|--------|--------|
| 20     | 0   | 0      | 2      |

### **RAD 503 - Special Imaging Systems & Equipment**

Special Imaging Systems is instruction regarding special imaging systems and equipment to include associated terminology, surgery, fluoroscopy, trauma, conventional tomography, computed tomography, mobile and mammographic equipment and digital imaging. Electrical hazards and protection will also be discussed. *Theory credit hours are a 1:1 contact to credit ratio. Manipulative labs are 3:1 and experimental labs are 2:1 ratio.*

| THEORY | LAB | CLINIC | COURSE |
|--------|-----|--------|--------|
| 20     | 0   | 0      | 2      |

### **RAD 505 - Radiographic Procedures V**

This course provides a detailed study and instruction in radiologic procedures of the salivary glands, digestive, biliary, urinary, reproductive systems, and contrast studies such as arthrography, lumbar puncture and myelography, as well as discussion of surgical imaging procedures. Radiographic Terminology, positioning, and procedures will be introduced and practiced in a laboratory setting. Image evaluation to include anatomy, positioning and radiation protection will be included. *Theory credit hours are a 1:1 contact to credit ratio. Manipulative labs are 3:1 and experimental labs are 2:1 ratio.*

| THEORY | LAB | CLINIC | COURSE |
|--------|-----|--------|--------|
| 30     | 30  | 0      | 4      |

**RAD 510 - Clinical Education PRCT V**

This clinical education course includes rotation assignments through all radiographic imaging areas to include mobile procedures and surgery. Shift rotations may continue. Continuation of procedural competency, testing and performance as outlined in Section V, clinical education handbook. Recomps in all categories can begin. *Preceptorship: Ratio 5:1 (one hour of credit for five hours of preceptorship instruction)*

| THEORY | LAB | CLINIC | COURSE |
|--------|-----|--------|--------|
| 0      | 0   | 200    | 4      |

**RAD 600 - Image Analysis**

Content provides a basis for analyzing radiographic images. Included are the importance of optimal imaging standards, discussion of a problem-solving technique for image evaluation and the factors that can affect image quality. Actual images will be included for analysis. *Theory credit hours are a 1:1 contact to credit ratio. Manipulative labs are 3:1 and experimental labs are 2:1 ratio.*

| THEORY | LAB | CLINIC | COURSE |
|--------|-----|--------|--------|
| 20     | 0   | 0      | 2      |

**RAD 601 - Radiographic Pathology**

Radiographic Pathology is the study of common human diseases and their causes, treatment and radiographic appearance. This class includes a discussion of associated terminology, diseases demonstrated with various imaging systems. Independent study and research is required. *Theory credit hours are a 1:1 contact to credit ratio. Manipulative labs are 3:1 and experimental labs are 2:1 ratio.*

| THEORY | LAB | CLINIC | COURSE |
|--------|-----|--------|--------|
| 30     | 0   | 0      | 3      |

**RAD 603 - Computed Tomography with Cross Sectional Anatomy**

Content is designed to provide entry-level radiography students with an introduction to, and basic understanding of, the operation of a computed tomography (CT) device. Content is not intended to result in clinical competency. The Sectional Anatomy portion of the course consists of anatomical structures located and identified in axial (transverse), sagittal, and coronal planes. Illustrations and anatomy images will be reviewed with CT images in the various imaging planes. *Theory credit hours are a 1:1 contact to credit ratio. Manipulative labs are 3:1 and experimental labs are 2:1 ratio.*

| THEORY | LAB | CLINIC | COURSE |
|--------|-----|--------|--------|
| 20     | 0   | 0      | 2      |

**RAD 610 - Clinical Education PRCT VI**

This clinical education course includes rotation assignments through all radiographic imaging areas to include mobile procedures and surgery. Assignments to other modalities, particularly CT may begin this quarter depending upon academic and clinical progression. Shift rotations may continue and students will complete a shift assignment in the Angiography lab.

Competency testing in all categories continues, as well as recomps. *Preceptorship: Ratio 5:1 (one hour of credit for five hours of preceptorship instruction)*

| THEORY | LAB | CLINIC | COURSE |
|--------|-----|--------|--------|
| 0      | 0   | 200    | 4      |

**RAD 700 - Radiography Capstone I**

Comprehensive and intense review focusing on the synthesis of professional knowledge, skills, and attitudes in preparation for American Registry of Radiologic Technologists (ARRT) certification examination, professional employment, and lifelong learning. Independent / group study, research, and testing are required. Areas of focus will be Imaging Procedures, Patient Care and Education, Competency Assessment, Resumes and Career building. A grade is assigned for each of the ten examinations and courses. Students must successfully pass a simulated registry examination to be eligible for graduation. *Theory credit hours are a 1:1 contact to credit ratio. Manipulative labs are 3:1 and experimental labs are 2:1 ratio.*

| THEORY | LAB | CLINIC | COURSE |
|--------|-----|--------|--------|
| 20     | 20  | 0      | 3      |

**RAD 710 - Clinical Education PRCT VII**

This clinical education course includes rotation assignments through all radiographic imaging areas to include mobile procedures, surgery and specialty areas. Shift rotations will continue and assignments to other modalities will continue. Recomps in all categories continues. *Preceptorship: Ratio 5:1 (one hour of credit for five hours of preceptorship instruction)*

| THEORY | LAB | CLINIC | COURSE |
|--------|-----|--------|--------|
| 0      | 0   | 200    | 4      |

**RAD 800 - Radiography Capstone II**

Comprehensive and intense review focusing on the synthesis of professional knowledge, skills, and attitudes in preparation for American Registry of Radiologic Technologists (ARRT) certification examination, professional employment, and lifelong learning. Independent / group study, research, and testing are required. Areas of focus will be Radiation Protection, Equipment Operation and Quality Control, Image Acquisition and Evaluation. Continued competency assessment. A grade is assigned for each of the ten examinations and courses. Students must successfully pass a simulated registry examination to be eligible for graduation. *Theory credit*

hours are a 1:1 contact to credit ratio. Manipulative labs are 3:1 and experimental labs are 2:1 ratio.

| THEORY | LAB | CLINIC | COURSE |
|--------|-----|--------|--------|
| 20     | 20  | 0      | 3      |

**RAD 810 - Clinical Education PRCT VIII**

This clinical education course continues rotation assignments through all radiographic imaging areas to include mobile procedures, surgery and specialty areas. Shift rotations will continue and assignments to other modalities will continue. Recomps in all categories continues. *Preceptorship: Ratio 5:1 (one hour of credit for five hours of preceptorship instruction)*

| THEORY | LAB | CLINIC | COURSE |
|--------|-----|--------|--------|
| 0      | 0   | 200    | 4      |



## Curriculum for Rad Tech Courses

|                         |                                                       | Theory/<br>Clock<br>Hours | Lab/Clock<br>Hours | Clinical<br>Preceptor | Qtr<br>Hours |
|-------------------------|-------------------------------------------------------|---------------------------|--------------------|-----------------------|--------------|
| 1 <sup>st</sup> Quarter | DCH 411 – Orientation                                 |                           |                    |                       |              |
|                         | RAD 100 - Intro to Radiologic Sciences & Healthcare   | 20                        | 0                  | 0                     | 2            |
|                         | RAD 101 - Patient Care                                | 20                        | 20                 | 0                     | 3            |
|                         | RAD 105 - Radiographic Procedures I                   | 30                        | 30                 | 0                     | 4            |
|                         | RAD 110 - Clinical Education PRCT I                   | 0                         | 0                  | 150                   | 3            |
| 2 <sup>nd</sup> Quarter | RAD 202 - Radiobiology                                | 20                        | 0                  | 0                     | 2            |
|                         | RAD 203 - Imaging Equipment & Radiation Production    | 30                        | 0                  | 0                     | 3            |
|                         | RAD 205 - Radiographic Procedures II                  | 30                        | 30                 | 0                     | 4            |
|                         | RAD 210 - Clinical Education PRCT II                  | 0                         | 0                  | 200                   | 4            |
| 3 <sup>rd</sup> Quarter | RAD 302 - Radiation Protection                        | 20                        | 0                  | 0                     | 2            |
|                         | RAD 303 - Principles of Exposure and Image Production | 20                        | 0                  | 0                     | 2            |
|                         | RAD 305 - Radiographic Procedures III                 | 30                        | 30                 | 0                     | 4            |
|                         | RAD 310 - Clinical Education PRCT III                 | 0                         | 0                  | 200                   | 4            |
| 4 <sup>th</sup> Quarter | RAD 400 – Image Analysis                              | 2                         | 0                  | 0                     | 2            |
|                         | RAD 401 - Ethics and Law in Radiologic Sciences       | 20                        | 0                  | 0                     | 2            |
|                         | RAD 405 - Radiographic Procedures IV                  | 30                        | 30                 | 0                     | 4            |
|                         | RAD 410 - Clinical Education PRCT IV                  | 0                         | 0                  | 200                   | 4            |
| 5 <sup>th</sup> Quarter | RAD 502 - Digital Imaging and Acquisition             | 20                        | 0                  | 0                     | 2            |
|                         | RAD 503 - Special Imaging Systems & Equipment         | 20                        | 0                  | 0                     | 2            |
|                         | RAD 505 - Radiographic Procedures V                   | 30                        | 30                 | 0                     | 4            |
|                         | RAD 510 - Clinical Education PRCT V                   | 0                         | 0                  | 200                   | 4            |
| 6 <sup>th</sup> Quarter | RAD 600 – Image Analysis                              | 2                         | 0                  | 0                     | 2            |
|                         | RAD 601 - Radiographic Pathology                      | 30                        | 0                  | 0                     | 3            |
|                         | RAD 603 - Basic Principles of Computed Tomography     | 20                        | 0                  | 0                     | 2            |
|                         | RAD 610 - Clinical Education PRCT VI                  | 0                         | 0                  | 200                   | 4            |
| 7 <sup>th</sup> Quarter | RAD 700 - Radiography Capstone I                      | 20                        | 20                 | 0                     | 3            |
|                         | RAD 710 - Clinical Education PRCT VII                 | 0                         | 0                  | 200                   | 4            |
| 8 <sup>th</sup> Quarter | RAD 800 - Radiography Capstone II                     | 20                        | 20                 | 0                     | 3            |
|                         | RAD 810 - Clinical Education PRCT VIII                | 0                         | 0                  | 200                   | 4            |

**17 Semester hours of American Registry of Radiologic Technologist (ARRT) pre-requisites are required before entering into the professional phase of the Radiography Program. Courses needed:** English Comp I, Intermediate College Algebra, Speech, and Human Anatomy & Physiology I and II. **Professional Phase of Radiography Program is taught at DCH Health System.**

### **Professional Societies**

Student membership in both of these societies is strongly recommended. These societies will enhance your professional future and represent radiologic professionals.

**ALSRT** – Alabama Society of Radiologic Technologists is the state professional society. The dues are \$10 annually for students. There is an annual meeting held in April each year in various locations. Go to [www.alsrt.org](http://www.alsrt.org) for additional information.

**ASRT** – the American Society of Radiologic Technologists is the national professional society. The dues are \$35 annually for students. Membership includes the Radiologic Technology Journal. There is an annual meeting held in June each year in various locations. Go to [www.asrt.org](http://www.asrt.org) for additional information.

**Quarter Schedule – with breaks and holidays**

**Subject to change**

|                                    |                                        |
|------------------------------------|----------------------------------------|
| <b>1<sup>st</sup> Quarter 2023</b> | <b>September 25 – December 8, 2023</b> |
| Thanksgiving Holiday               | November 23 & 24, 2023                 |
| Break Weeks                        | December 11 - December 22, 2023        |

|                                           |                                    |
|-------------------------------------------|------------------------------------|
| <b>2<sup>nd</sup> Quarter 2023 – 2024</b> | <b>December 26 – March 8, 2024</b> |
| New Year’s Holiday                        | January 1, 2024                    |
| Break Weeks                               | March 11 – March 22, 2024          |

|                                    |                                |
|------------------------------------|--------------------------------|
| <b>3<sup>rd</sup> Quarter 2024</b> | <b>March 25 – June 7, 2024</b> |
| Memorial Day Holiday               | May 27, 2024                   |
| Break Weeks                        | June 10 – June 21, 2024        |

|                                    |                                    |
|------------------------------------|------------------------------------|
| <b>4<sup>th</sup> Quarter 2024</b> | <b>June 24 – September 6, 2024</b> |
| July 4 <sup>th</sup> – Holiday     | July 4, 2024                       |
| Break Weeks                        | September 9 – September 20, 2024   |

|                                    |                                        |
|------------------------------------|----------------------------------------|
| <b>5<sup>th</sup> Quarter 2024</b> | <b>September 23 – December 6, 2024</b> |
| Thanksgiving Holiday               | November 28 & 29, 2024                 |
| Break Weeks                        | December 9 – December 25, 2024         |

|                                           |                                          |
|-------------------------------------------|------------------------------------------|
| <b>6<sup>th</sup> Quarter 2024 – 2025</b> | <b>December 26, 2024 – March 7, 2025</b> |
| New Year’s Holiday                        | January 1, 2025                          |
| Break Weeks                               | March 10 – March 21, 2025                |

|                                    |                                |
|------------------------------------|--------------------------------|
| <b>7<sup>th</sup> Quarter 2025</b> | <b>March 24 – June 6, 2025</b> |
| Memorial Day Holiday               | May 26, 2025                   |
| Break Weeks                        | June 9 – June 13, 2025         |

|                                    |                                  |
|------------------------------------|----------------------------------|
| <b>8<sup>th</sup> Quarter 2025</b> | <b>June 16 – August 21, 2025</b> |
| July 4 <sup>th</sup> - Holiday     | July 4, 2025                     |
| Graduation (tentative)             | August 21, 2025                  |

## **Student Awards**

The following awards are awarded at graduation based on the qualifications listed below for each one.

I. **Academic Achievement Award**

The Academic Achievement award is presented each year to the student in the graduating class who has maintained the highest grade point average. The recipient of this award will receive a personal plaque and their name will be inscribed on a permanent plaque displayed in the school.

II. **DCH School of Radiologic Technology Award of Excellence.**

This award is given to the graduate who has maintained academic excellence, outstanding clinical performance, and a professional rapport as defined by fellow radiologic technologists and faculty. The recipient will receive a personal certificate.

III. **JRCERT Excellence Award**

The purpose of this award is to recognize a student graduating from a JRCERT accredited program with the most personal achievement in excellence in the radiological sciences. The criterion for the award and the selection of the recipient is the prerogative of program officials and faculty. The recipient will receive a personal plaque from JRCERT and their name will be inscribed on a permanent plaque displayed in the school.

IV. **Outstanding Clinical Achievement Award**

This award is presented each year to the student in the graduating class who has demonstrated the best clinical skills as voted on by the clinical education faculty and staff. The recipient will receive a personal plaque in honor of this award and their name will be inscribed on a permanent plaque displayed in the school.

## **Unsatisfactory Class and/or Clinical Performance**

Students who violate class/clinical policies will receive an unsatisfactory class/clinical performance evaluation. **An unsatisfactory class/clinical performance will equal one (1) absence.** *Example:* Failure to call the clinical site, instructor, or other school official when a tardy or absence is eminent; leaving an assigned area without permission; or violation of uniform policies. Excessive class/clinical policy violations may result in suspension or dismissal from the program in accordance with program disciplinary policies.

# Clinical Standards & Requirements



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### **Competency Categories & Procedures**

Candidates for the ARRT exam must demonstrate competence in all 37 procedures identified as mandatory. Procedures should be performed on patients whenever possible. A maximum of eight mandatory procedures may be simulated if demonstration on patients is not feasible. **At no time will a student be released from a class or test in order to complete competencies.**

Candidates must demonstrate competence in 15 of the 34 elective procedures. Candidates must select at least one of the 15 elective procedures from the head section, must select either upper GI or contrast enema plus one other elective from the fluoroscopy section as part of the 15 electives. Elective procedures should be performed on patients whenever possible. If demonstration on patients is not feasible, electives may be simulated.

Competency in a category of radiographic procedures is obtained when the student satisfactorily performs the mandatory and elective procedures for that category. Students must satisfactorily complete competencies on all procedures listed in each category.

Demonstration of competence must include:

- Patient identity verification
- Exam order verification
- Patient assessment
- Room prep
- Patient management
- Equipment operation
- Technique selection
- Patient positioning
- Radiation safety
- Imaging processing
- Image evaluation

### **Competency Category I – Chest & Thorax**

- Chest, routine
- Chest AP, wheelchair or stretcher
- Chest Routine (65 or older) \*
- Chest Routine (6 or younger)
- Chest lateral decubitus
- Mobile Chest
- Abdomen, Supine KUB
- Acute Abdomen Series
- Mobile Abdomen
- Abdomen Decubitus



- Upper Airway (Soft tissue neck)

### **Competency Category II – Upper and Lower Extremity**

- Hand
- Finger or Thumb
- Wrist
- Forearm
- Elbow
- Humerus
- Shoulder
- Clavicle
- Scapula
- AC Joints
- Trauma shoulder or Humerus (Scapular Y view, transthoracic or Axial)
- Trauma upper extremity (non-shoulder) \*
- Toe
- Foot
- OS Calcis
- Ankle
- Tibia/Fibula
- Knee
- Patella
- Femur
- Trauma lower extremity \*
- Upper Extremity (6 or younger)
- Lower Extremity (6 or younger)
- Upper Extremity (65 or older) \*
- Lower Extremity (65 or older) \*
- Mobile orthopedics

### **Competency Category III – Pelvis, Spine, Bony Thorax**

- Pelvis
- Hip
- Cross table (horizontal beam) Lateral hip
- Cervical spine
- Thoracic Spine
- Lumbar Spine
- Sacrum
- Coccyx
- S.I. Joints

- Scoliosis series
- Cross table (horizontal beam) Lateral spine
- Ribs
- Sternum
- Mobile Study (6 or younger)

#### **Competency Category IV – Head and Facial**

- Skull
- Facial bones
- Mandible
- Sinuses
- Nasal bones
- Orbits, foreign body, fracture or MRI screening
- TMJ (Temporomandibular joint)
- Zygomatic Arches

#### **Competency Category V – Fluoroscopy**

- Esophagus
- Upper GI (single or double)
- Contrast (barium) enema (single)
- Contrast (barium) enema (double)
- SBS
- Video BA Swallow
- Cystourethrogram
- Lumbar Puncture
- Operative Cholangiogram
- ERCP
- Myelography
- Arthrography
- Intravenous Urography
- C-Arm Hip\*\*
- C-Arm ERCP
- C-Arm any
- C-Arm Groshong Catheter

\* at least 65 years old, and physically or cognitively impaired as a result of aging

\*\*must include manipulation around a sterile field to obtain more than one projection

### **Competency Evaluation System**

The goal of the program's clinical evaluation system is two-fold. One is to measure the student's capabilities in the clinical environment to adequately produce diagnostic images of various anatomical parts. The second is to measure behavioral characteristics (punctuality, professionalism, attitude, cooperation, quality of work, initiative, etc.).

As you develop confidence and proficiency, you will be given the opportunity to complete entire examinations under the direct supervision of a registered radiologic technologist. The technologist will observe and assist you and step in whenever the need arises. The technologist should also be able to critique your examination and make suggestions for improvement.

When you feel certain that you are able to do a particular examination by yourself, ask the Clinical Instructor or in-serviced Staff Technologist to do a competency evaluation when the next patient for that examination arrives. Your performance will be documented on a Clinical Competency form. If competency is achieved, it will be counted toward the requirement for that quarter. If competency is not achieved, the procedure must be repeated until competency is achieved.

All competencies may be re-evaluated by the Clinical Coordinator or DCH faculty for quality and completeness. The final approval of competency/proficiency evaluations will be by the Clinical Coordinator, regardless of prior approval by the Clinical Instructor or the In-Serviced Staff Technologists.

Once you pass the Competency Evaluation for a particular examination, you need additional practice to maintain and perfect your skills. You may now perform this examination with indirect supervision. A registered technologist must be in an adjacent room or area, but not necessarily in the exposure room. However, if a repeat examination should become necessary, for any reason, a registered technologist or Clinical Instructor must be present to provide direct supervision for the repeat exposure.

### **Competency Policy**

All students must complete a minimum number of competency evaluations each quarter to remain in the program as stated in the clinical syllabi.

All clinical competency evaluations must be completed by an approved educator. All clinical competency evals must be completed at an approved clinical education site during a scheduled clinical education assignment.

**At no time may a student perform a competency evaluation while performing duties in employment status.** Violation of this policy will lead to immediate dismissal from the program.

Students may not swap clinical education rotation assignments with another student unless approved by the clinical coordinator and/or the PD in advance.

### **Competency Progression Sequence**

The responsibilities of a radiographer have grown in complexity with the development of more sophisticated procedures and equipment in the medical imaging sciences. It is essential that both the Radiography Program and the student work together to provide the best educational experience possible. During the clinical experience, students must have the opportunity to perform all routine types of radiographic procedures. Only in this manner will the student be prepared for entry into the profession. Students' cognitive skills are evaluated directly in the classroom and indirectly throughout his/her educational experience. The affective learning domain is challenged during all phases of the education program. The students' psychomotor skills are evaluated in the laboratory and during their clinical assignments. In addition, the student's critical thinking and problem solving skills are developed throughout the program utilizing a variety of didactic, laboratory and clinical exercises. Only with a competency based evaluation system can we determine the proficiency level a student has achieved.

Clinical Competencies are not to be completed until appropriate education and training has been achieved. The sequence of events to accomplish competency requirements is as follows:

1. **Academic Preparation**

The didactic portion of the Program gives students the content knowledge to develop skills necessary to understand and perform in the clinical area.

2. **Laboratory Preparation**

This area allows students to practice what they have learned in the didactic area in an effort to further develop skills that will be utilized in the clinical area.

3. **Academic Testing**

After didactic and laboratory instruction, the student will be tested in the classroom to ensure comprehension of instruction.

4. **Laboratory Testing**

After didactic evaluation, the student will simulate a radiographic procedure of certain exam(s) in the presence of program faculty to ensure application and comprehension.

5. **Competency Attainment**

Students will gain skills through observing and participating in exams with technologists in the clinical area. The student will ask the CI or technologists to perform a competency, which upon completion will be documented on the clinical competency form. If the competency is achieved, it will be counted toward clinical requirements. If it is not achieved, the student will perform another exam until the competency is achieved.

**6. Competency Image Analysis**

Competencies may be re-evaluated by the student's faculty advisor. If it is the faculty advisor's opinion the competency should be re-attempted, the student will not be given credit for the comp, but it will be kept in their file for later review.

**7. Competency Continuance**

Once a student passes the competency, the student will continue practicing and performing examinations in the clinical area. At the beginning of the 5<sup>th</sup> quarter, the students will have the opportunity to re-comp the previously achieved competencies.

If a student scores below 80% for any one of the exams during the Simulated Positioning Lab Practical Testing, they will be required to perform remedial testing of the failed examination by the next class day. If the student passes the remedial testing of the examination with 80% or better, the two scores will be averaged together to be the final grade for the lab practical.

**Competency Radiographic Requirements for Graduation**

There are 72 mandatory competencies. Students are required to complete all 72 competencies before being eligible for graduation. Students are also required to satisfactorily complete recomps of 80% of the 72 mandatory competencies. This is a total of 58 recomps. Therefore, the total minimum number of required competencies to be eligible for graduation is 130. Students are encouraged to complete more than the required 130 competencies if possible.

### **Didactic and Clinical Curriculum Correlation**

Typical program schedule and prerequisites in clinical education assignments and correlation of clinical and didactic components.

| <b>Clinical Phase I</b>         | <b>Prerequisites</b>                | <b>Category</b>                                                      | <b>Academic Quarter</b>               |
|---------------------------------|-------------------------------------|----------------------------------------------------------------------|---------------------------------------|
| Clinical Education<br>PRCT I    | Admission to program                | Chest & Abdomen;<br>Pharynx & Larynx                                 | <b>Fall 1<sup>st</sup> year</b>       |
| Clinical Education<br>PRCT II   | Successful completion<br>of RAD 110 | Upper & lower extremities, long<br>bone measurements and<br>shoulder | <b>Winter 1<sup>st</sup> year</b>     |
| Clinical Education<br>PRCT III  | Successful completion<br>of RAD 210 | Five vertebral regions, bony<br>thorax and pelvic girdle             | <b>Spring 1<sup>st</sup> year</b>     |
| Clinical Education<br>PRCT IV   | Successful completion<br>of RAD 310 | Cranial structures                                                   | <b>Summer 1<sup>st</sup> year</b>     |
| <b>Clinical Phase II</b>        | <b>Prerequisites</b>                | <b>Category</b>                                                      | <b>Academic Quarter</b>               |
| Clinical Education<br>PRCT V    | Successful completion<br>of RAD 410 | Contrast studies of the GI/GU<br>systems & reproductive              | <b>Fall 2<sup>nd</sup> year</b>       |
| Clinical Education<br>PRCT VI   | Successful completion<br>of RAD 510 | Contrast studies of the CNS &<br>other modality rotations            | <b>Winter 2<sup>nd</sup> year</b>     |
| Clinical Education<br>PRCT VII  | Successful completion<br>of RAD 610 | Other modalities<br>rotations & review                               | <b>Spring 2<sup>nd</sup> year</b>     |
| Clinical Education<br>PRCT VIII | Successful completion<br>of RAD 710 | Continue with other modalities<br>rotations & review                 | <b>Summer 2<sup>nd</sup><br/>year</b> |

## Education Assignments

The clinical coordinator will oversee the following activities:

1. Daily assignment schedule, attendance, time off and clinical evaluation for each student.
2. Assignment of the student to a room / technologist in the clinical education setting.
3. Changes in the clinical schedule, room or technologist assignment may be done for the benefit of the student's clinical education. The clinical coordinator must approve this.
4. Room and area assignments may include the following:
  - a. Radiology Patient Transportation
  - b. Routine / Diagnostic Radiography
  - c. Fluoroscopy
  - d. Surgery / Cystography
  - e. Mobile Radiography
  - f. Trauma Room / ED
  - g. Ultrasound
  - h. Advanced Imaging Areas
    - i. CT
    - ii. MRI
    - iii. Angio
    - iv. NM
  - i. DCH Outpatient Imaging
  - j. DCH Radiology (RMC)
  - k. DCH Northport Radiology (NMC)
  - l. Cancer Treatment Center
  - m. Cardiac Catheterization Laboratory
  - n. Ruby Tyler Imaging
  - o. The Radiology Clinic
  - p. Fayette Radiology (FMC)
    - i. Optional for all interested students

**Education Courses, Syllabi & Descriptions**

**DCH Regional Medical Center  
School of Radiologic Technology  
1<sup>st</sup> Quarter/1<sup>st</sup> Term  
Clinical Education PRCT I - RAD 110  
Clinical Preceptorship Syllabus**

**Course Master:** Leonetta Jackson, MSHA, ARRT (R)

**Office Hours:** Posted and/or by appointment

| <b>RAD 110 Clinical Education PRCT I</b>                                                                                                                                                                                                                                                                                                    |     |        |        |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|--------|--------|
| This clinical course introduces the operation of the medical imaging department and equipment. Scheduled clinical education rotations begin and the shifting of rotations may begin this quarter. Supervision, instruction, clinical practice, and procedural competency testing is performed.<br><i>Preceptorship is a 5:1 hour ratio.</i> |     |        |        |
| THEORY                                                                                                                                                                                                                                                                                                                                      | LAB | CLINIC | COURSE |
| 0                                                                                                                                                                                                                                                                                                                                           | 0   | 150    | 3      |

Clinical Education PRCT I is the first in a series of eight clinical education preceptorships that will provide you with the necessary experience and education needed to practice the art of radiography. During this quarter, you will complete required didactic prerequisites and will begin clinical education by participating in laboratory practice. This orientation period will give you many opportunities to observe radiologic technologists performing their daily duties. By the end of the quarter, you should be able to move from a passive mode of observation to a more active mode by assisting the RT in performing procedures.

Preceptorship varies each quarter and is specific to the type of clinical rotation. A schedule listing assigned hours and areas will be posted before the next quarter.

As part of the orientation process, you must submit objective assignments (1 – 3) to complete this quarter. These objectives should provide you with preliminary performance proficiency. Objectives are to be completed and submitted at the completion of each student's rotation.

Students will begin the weekend rotation in the Emergency Department on the fourth weekend.

Each student will be assigned to one weekend per quarter. This time should be used to observe the difference in staffing, supervision, and prioritizing from the other department rotations. This will be an orientation period for the student. Objective number 4 is to be completed as you rotate through the weekend shift.



Through the preceptor evaluation, you will be evaluated on your clinical efficiency, professional conduct, dress, abilities to understand and follow instructions and willingness to cooperate. During this course, and all subsequent courses, you will be exposed to image analysis, patient care procedures, and responsibilities of maintaining your radiographic room as well as technical skills. During this first course, you will be under direct supervision. A staff technologist and/or instructor must assist you while performing radiographs. A staff technologist must assist with ALL repeats.

**Until you achieve the prescribed competency level (documented in file) you will carry out assignments under the direct supervision of a qualified radiographer.**

**“Direct Supervision”** – the supervising technologist is present in the radiographic room when the student is performing a radiologic examination. The supervising technologist is responsible for assisting the student and assuring proper procedures are followed. “

**Once you have achieved documented competencies you may complete assignments under indirect supervision.**

**“Indirect Supervision”** – the student performs examinations without the presence of a technologist in the radiographic room. This type of supervision requires that a qualified technologist be **immediately available** to assist the student if necessary. Immediately available is defined as being in the adjacent room or within earshot of the student. Only those students that have proven competency in the exam will be allowed indirect supervision. A qualified radiographer must review all images with the student before the images(s) are sent to the radiologist or referring physician.”

**Portable radiography** will be performed under direct supervision **at all times**. You are not allowed to perform mobile radiography without a qualified technologist to supervise.

**All “repeat” radiographs will be performed in the presence of a qualified radiographer regardless of the student’s competency.**

#### **"No Hold" policy**

It is the policy of the DCH School of Radiologic Technology Program that students do not hold patients for radiologic examinations or while an exposure is being made.

#### **COURSE OBJECTIVES**

At the end of the first quarter, the student will be able to:

1. Understand and practice professional conduct and communication skills.
2. Apply basic CPR skills learned in CPR class if need arises.

3. Begin learning the art of critiquing radiographic images.
4. Understand and practice universal precaution procedures.
5. Demonstrate proficiency of preliminary performance competency objectives (1– 3).
6. Orientate to weekend clinical rotations and to the practice of radiographing patients with fractures and injuries (objective 4).
7. The student will complete category competency evaluations, after laboratory and clinical practice (optional chest and abdomen competencies totaling 2 if completed).
8. Adhere to clinical policies and procedures.
9. Use radiation protection techniques.

**INSTRUCTIONAL GOALS**

*Cognitive* - Comprehend foundational knowledge of radiographic procedures.

*Psychomotor* - Apply foundational knowledge of radiographic procedures.

*Affective* – Value the importance of adhering to radiographic procedures.

**ATTENDANCE**

1. All make-up time is to be made up at the discretion of the clinical coordinator and/or PD.
2. If sick, you are required to call in 30 minutes before the hour you are scheduled to report to your clinical assignment.
3. Punctuality is expected and enforced.
4. All vacation or excused absences must be approved in advance.

**GRADE DETERMINATION**

- |                                        |                      |
|----------------------------------------|----------------------|
| 1. Preceptor evaluation                | 90% of _____ = _____ |
| 2. Clinical objectives written (1 – 4) | 10% of _____ = _____ |

**Final Clinical Grade = \_\_\_\_\_**

**GRADING**

A = 93 – 100

B = 83 – 92

C = 75 – 82

F = Below 75

**DCH Regional Medical Center  
School of Radiologic Technology  
Room Objective #1  
Portables and Surgery**

Student \_\_\_\_\_ Clinical Site \_\_\_\_\_

Evaluator(signature) \_\_\_\_\_ Date \_\_\_\_\_

Grade \_\_\_\_\_ (6.4 points each)

**Portable equipment**

(Technologist to initial each blank as they are completed)

Demonstrates:

|                                     | <u>Yes</u> | <u>No</u> |
|-------------------------------------|------------|-----------|
| 1. Recharging                       | _____      | _____     |
| 2. Storing                          | _____      | _____     |
| 3. Technique selection              | _____      | _____     |
| 4. How to use locks                 | _____      | _____     |
| 5. How to open and close collimator | _____      | _____     |

**Surgery**

|                                          | <u>Yes</u> | <u>No</u> |
|------------------------------------------|------------|-----------|
| 1. Understands sterile field             | _____      | _____     |
| 2. Demonstrates daily cleaning procedure | _____      | _____     |

**C-Arms**

|                                                   | <u>Yes</u> | <u>No</u> |
|---------------------------------------------------|------------|-----------|
| 1. Able to turn on / off emergency equipment      | _____      | _____     |
| 2. Demonstrates correct use of controls and locks | _____      | _____     |
| 3. Annotates a patient's name                     | _____      | _____     |

**Safety**

|                                                                            | <u>Yes</u> | <u>No</u> |
|----------------------------------------------------------------------------|------------|-----------|
| 1. Practices patient shielding and collimation                             | _____      | _____     |
| 2. Practices self-radiation protection (lead apron, etc.)                  | _____      | _____     |
| 3. Practices universal precautions                                         | _____      | _____     |
| 4. Can verbalize proper precautions and the protocol for high-risk nursery | _____      | _____     |

**DCH Regional Medical Center  
School of Radiologic Technology  
Competency Objective #2  
Emergency Department**

Student \_\_\_\_\_ Clinical Site \_\_\_\_\_

Evaluator (signature) \_\_\_\_\_ Date \_\_\_\_\_

Grade \_\_\_\_\_ (10 points each)

General Responsibilities

(Technologist to initial each blank as they are completed)

Demonstrates:

|                                                                                 | <u>Yes</u> | <u>No</u> |
|---------------------------------------------------------------------------------|------------|-----------|
| 1. Understands how patient orders are received in ED X-ray                      | _____      | _____     |
| 2. Demonstrates how to use Synapse                                              | _____      | _____     |
| 3. Can take exams to taken and edit exams                                       | _____      | _____     |
| 4. Demonstrates how to look up a report on the computer                         | _____      | _____     |
| 5. Practices Universal Precautions                                              | _____      | _____     |
| 6. Understands the process of patient transport in the ED                       | _____      | _____     |
| 7. Knows procedure for assuring nurse call button is within the patient's reach | _____      | _____     |
| 8. Understands options when extra help is needed                                | _____      | _____     |
| 9. Knows procedure for letting ED know exam is complete                         | _____      | _____     |

10. Able to locate:

| <u>Yes</u> | <u>No</u> |                    |
|------------|-----------|--------------------|
| _____      | _____     | Fire alarm         |
| _____      | _____     | Fire extinguishers |
| _____      | _____     | Emergency exits    |
| _____      | _____     | Crash cart         |
| _____      | _____     | Wall suction       |
| _____      | _____     | Wall oxygen        |
| _____      | _____     | Linen supply       |
| _____      | _____     | Supplies           |

**DCH Regional Medical Center  
School of Radiologic Technology  
Competency Evaluation #3  
Room Objective General**

Student \_\_\_\_\_ Clinical Site \_\_\_\_\_

Evaluator (signature) \_\_\_\_\_ Date \_\_\_\_\_

Grade \_\_\_\_\_ (2.2 points each)

**Function and Application of Generator**

(Technologist to initial each blank as they are completed)

|                                    | <u>Yes</u> | <u>No</u> |
|------------------------------------|------------|-----------|
| 1. Able to locate on / off switch  | _____      | _____     |
| 2. Able to "boot up" equipment     | _____      | _____     |
| 3. Locates emergency stop switch   | _____      | _____     |
| 4. Correctly sets kVp, mA and time | _____      | _____     |
| 5. Able to locate mAs display      | _____      | _____     |
| 6. Locates circuit breaker         | _____      | _____     |

**Fault Indicators**

Indicates corrective measures for the following

|                           |       |       |
|---------------------------|-------|-------|
| 1. Error message displays | _____ | _____ |
| 2. Correcting faults      | _____ | _____ |
| 3. Photo timing faults    | _____ | _____ |

**Automatic Exposure Control**

Able to perform the following

|                                                                                             |       |       |
|---------------------------------------------------------------------------------------------|-------|-------|
| 1. Field select, to select the ionization chamber to be used for automatic exposure control | _____ | _____ |
| 2. Bucky selection (selects wall / table bucky)                                             | _____ | _____ |
| 3. Density selection (plus and minus)                                                       | _____ | _____ |
| 4. Fluoro section                                                                           | _____ | _____ |

**Radiographic Table Functions**

Demonstrates operation of the following locks and controls

|                                                                                            |       |       |
|--------------------------------------------------------------------------------------------|-------|-------|
| 1. Lateral controls (foot operated, table side operated and spot film device operated)     | _____ | _____ |
| 2. Longitudinal controls (foot operated, tableside operated and spot film device operated) | _____ | _____ |

- |    |                                                                       |       |       |
|----|-----------------------------------------------------------------------|-------|-------|
| 3. | Elevation controls (tableside operated and spot film device operated) | _____ | _____ |
| 4. | Table accessories (safety strap, footboard, shoulder supports)        | _____ | _____ |
| 5. | Able to "lock in" and release image intensifier                       | _____ | _____ |
| 6. | Ability to manipulate controls                                        | _____ | _____ |

**Radiographic Tube**

- |                                      |                                      | <u>Yes</u> | <u>No</u> |
|--------------------------------------|--------------------------------------|------------|-----------|
| Correctly demonstrates the following |                                      |            |           |
| 1.                                   | Timed centering light switch         | _____      | _____     |
| 2.                                   | 40-inch SID detent operation         | _____      | _____     |
| 3.                                   | Transverse detent (for table bucky)  | _____      | _____     |
| 4.                                   | Longitudinal lock switch             | _____      | _____     |
| 5.                                   | 40-inch detent for the wall bucky    | _____      | _____     |
| 6.                                   | 72-inch detent for the wall bucky    | _____      | _____     |
| 7.                                   | Transverse detent for the wall bucky | _____      | _____     |

**Safety Requirements**

- |    |                                                                              |       |       |
|----|------------------------------------------------------------------------------|-------|-------|
| 1. | Is able to verbalize the correct procedure to follow for:                    |       |       |
|    | frayed cables                                                                | _____ | _____ |
|    | broken wires                                                                 | _____ | _____ |
|    | odd sounds                                                                   | _____ | _____ |
|    | shock, when touching a piece of equipment                                    | _____ | _____ |
| 2. | Understands the importance of using only plugs with third prong for ground   | _____ | _____ |
| 3. | Understands the importance of checking equipment daily                       | _____ | _____ |
| 4. | Knows not to use any malfunctioning equipment                                | _____ | _____ |
| 5. | Knows how to report to clinical engineering any equipment in need of repairs | _____ | _____ |

**Radiation Safety**

- |    |                                                                         |       |       |
|----|-------------------------------------------------------------------------|-------|-------|
| 1. | Able to locate lead aprons, thyroid shields, gloves, etc.               | _____ | _____ |
| 2. | Keeps doors closed to radiology rooms during exposure                   | _____ | _____ |
| 3. | Aware of need to keep distance between tubes and self whenever possible | _____ | _____ |
| 4. | Practices patient shielding and collimation                             | _____ | _____ |
| 5. | Practices self-radiation protection                                     | _____ | _____ |

**General Safety**

- |    |                    |       |       |
|----|--------------------|-------|-------|
| 1. | Fire alarm         | _____ | _____ |
| 2. | Emergency exits    | _____ | _____ |
| 3. | Fire extinguishers | _____ | _____ |
| 4. | Crash carts        | _____ | _____ |
| 5. | Wall suction       | _____ | _____ |
| 6. | Wall oxygen        | _____ | _____ |





**DCH Regional Medical Center  
School of Radiologic Technology  
2<sup>nd</sup> Quarter/2<sup>nd</sup> Term  
Clinical Education PRCT II - RAD 210  
Clinical II Preceptorship Syllabus**

**Course Master:** Leonetta Jackson, MSHA, ARRT (R)  
**Office Hours:** Posted and/or by appointment

| <b>RAD 210 Clinical Education PRCT II</b>                                                                                                                                                                                                                                                                                              |     |        |        |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|--------|--------|
| This clinical education course provided assignments to all radiographic areas within the Imaging department. Rotations will include diagnostic radiology, digital equipment, IVP room, fluoroscopy, mobile procedures, surgery, outpatient imaging facilities, and the emergency department. <i>Preceptorship is a 5:1 hour ratio.</i> |     |        |        |
| THEORY                                                                                                                                                                                                                                                                                                                                 | LAB | CLINIC | COURSE |
| 0                                                                                                                                                                                                                                                                                                                                      | 0   | 200    | 4      |

Clinical Education PRCT II is the second in a series of eight clinical education preceptorships that will provide you with the necessary experience and education needed to practice the art of radiography. During this quarter, you will move into a more independent clinical performing stage and will actually perform procedures. You will be evaluated for clinical competency by the instructor and/or staff RT.

Through the preceptor evaluation, you will be evaluated on your clinical efficiency, professional conduct, dress, abilities to understand and follow instructions and willingness to cooperate.

**COURSE OBJECTIVES**

At the end of the second quarter, the student will be able to:

1. Identify certain terms pertaining to competency objectives (attached).
2. Keep a clinical experience log.
3. Obtain a basic understanding of clinical competency evaluations (attached).
4. Learn the criteria necessary to pass a competency test (attached).
5. Be proficient in performing 10 exams of choice from Categories I & II (attached).  
Or 12 exams if two were not completed in RAD 110.
6. Perform and/or assist with each radiographic exam assigned to that room.  
Level of supervision – direct.
7. Perform independently in areas of successful completion of competency.
8. Be able to:
  - a. Evaluate each requisition
  - b. Demonstrate proper physical facilities readiness
  - c. Demonstrate proper patient/technologist relationship
  - d. Demonstrate correct positioning skills

- e. Manipulate equipment effectively
  - f. Show evidence of radiation protection
  - g. Deal effectively with patients who are sick and injured
  - h. Work around life support without disrupting their function (i.e., oxygen, IV lines, etc.)
9. Identify trauma protocols (attached).
  10. Demonstrate adaptation to heavy workload in a stressful environment.

### **INSTRUCTIONAL GOALS**

*Cognitive* - Comprehend foundational knowledge of radiographic procedures.

*Psychomotor* - Apply foundational knowledge of radiographic procedures.

*Affective* – Value the importance of adhering to radiographic procedures.

### **COMPETENCY REQUIREMENTS**

1. You will be evaluated on ten (10) clinical competency exams from categories I & II. Category I – chest and abdomen. Category II – upper and lower extremities.
2. You must perform at a minimum level of 75%.
3. Routine projections of all exams must be performed.
4. Exams are **NOT** to be done unless under direct supervision of a staff technologist or instructor. Staff or instructor must assist with all repeats.
5. All exams must be checked by staff technologist or instructor.
6. The exams listed on the computer must be mastered prior to graduation. (Must comp all the mandatory and electives and re-comp 80% of mandatory and elective comps.)

You will continue to master the required competency exams under direct supervision and will perform under indirect supervision exams mastered in previous quarter. A staff technologist and/or instructor must assist students in all repeats.

You will continue with one weekend rotation per quarter and should demonstrate the skills needed to take care of the sick and injured patient.

The rotation will be 3:00 p.m. - 9:00 p.m. on Tuesday and Thursday and 3:00 p.m. – 11:00 p.m. on Friday. This should provide opportunities for the student to observe a greater number of single and multiple trauma cases and how the staff handles heavy patient loads and stressful environments. You should pay attention to alternate ways of positioning patients. You will learn trauma protocols this quarter.

**Until you achieve the prescribed competency level (documented in file) you will carry out assignments under the direct supervision of a qualified radiographer.**

Once you have achieved documented competencies you may complete assignments under indirect supervision.

**Portable radiography** will be performed under direct supervision **at all times**. You are not allowed to perform mobile radiography without a qualified technologist to supervise.

All "repeat" radiographs will be performed in the presence of a qualified radiographer regardless of the student's competency.

### "No Hold" policy

It is the policy of the DCH School of Radiologic Technology Program that students do not hold patients for radiologic examinations or while an exposure is being made.

### ATTENDANCE

1. All make-up time is to be made up at the discretion of the clinical coordinator and/or PD.
2. If sick, you are required to call in 30 minutes before the hour you are scheduled to report to your clinical assignment.
3. Punctuality is expected and enforced.
4. All vacation or excused absences must be approved in advance.

### GRADE DETERMINATION

#### Clinicals

1. Preceptor evaluations 65% of \_\_\_\_\_ = \_\_\_\_\_
2. Competencies 25% of \_\_\_\_\_ = \_\_\_\_\_  
10 required from Categories I & II  
10 points each
3. Attendance 10% of \_\_\_\_\_ = \_\_\_\_\_  
No tardies  
Tardies in excess of 2 - 2 each  
Sick in excess of 2 -2 each  
(Consecutive days' count as one incident)

Final Clinical Grade = \_\_\_\_\_

### GRADING

A = 93 – 100    B = 83 – 92    C = 75 – 82    F = Below 75

**DCH Regional Medical Center  
School of Radiologic Technology  
Trauma Bay Protocol Objectives**

Student \_\_\_\_\_

Clinical Site \_\_\_\_\_

Evaluator (signature) \_\_\_\_\_

Date \_\_\_\_\_

Get the 3 – 11 technologist to initial each of the following:

I. Has read the ED Radiology protocols and understands:

\_\_\_\_\_ Trauma bay protocol

\_\_\_\_\_ Sterile field in trauma bay

\_\_\_\_\_ Appropriate dress for this area

II. Understands the protocol for the three types of alerts:

\_\_\_\_\_ Trauma

\_\_\_\_\_ Cardiac shock

\_\_\_\_\_ Stroke

III. Able to list the various hospital personnel who participates in trauma calls. List the personnel and departments below.

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**DCH Regional Medical Center**  
**School of Radiologic Technology**  
**3<sup>rd</sup> Quarter/3<sup>rd</sup> Term**  
**Clinical Education PRCT III - RAD 310**  
**Clinical III Preceptorship Syllabus**

**Course Master:** Leonetta Jackson, MSHA, ARRT (R)  
**Office Hours:** Posted and/or by appointment

| <b>RAD 310 Clinical Education PRCT III</b>                                                                                                                                                                            |     |        |        |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|--------|--------|
| This clinical education course includes rotation assignments through all radiographic imaging areas to include mobile procedures and surgery. Competency testing continues. <i>Preceptorship is a 5:1 hour ratio.</i> |     |        |        |
| THEORY                                                                                                                                                                                                                | LAB | CLINIC | COURSE |
| 0                                                                                                                                                                                                                     | 0   | 200    | 4      |

Clinical Education PRCT III is the third in a series of eight clinical educations that will provide you with the necessary experience and education needed in the actual practice of radiography. You will continue to rotate through the designated clinical areas and have a weekend clinical rotation. By this time, you should have gained some self-confidence in areas covered in class and should demonstrate good judgment and accurate positioning skills when working in a stressful environment.

You will continue to master the required competency exams under direct supervision and will perform under indirect supervision exams mastered in previous quarter. A technologist and/or faculty or preceptor must assist students in all repeats.

The clinical preceptors in the general diagnostic areas, weekend rotation and the 3 - 9 / 3 - 11 rotation will evaluate students.

**COURSE OBJECTIVES**

At the end of the third quarter, the student will be able to:

1. Continue developing professional conduct skills and practice professionalism during all phases of the training.
2. Continue to learn the art of critiquing images.
3. Work toward completion of the clinical competency objectives from category III and others not previously completed in Categories I & II. **22 Total required.**
4. Work toward gaining self-confidence in performing exams.
5. Demonstrate ability to perform in stressful situations.

**COMPETENCY REQUIREMENTS**

1. You must be evaluated on ten (10) clinical competency exams from categories I, II and III. Category I – chest and abdomen. Category II upper and lower extremities. Category III axial skeleton. Overall total of 22.
2. Must perform at a minimum level of 75%.
3. Routine projections of all exams must be performed.
4. Exams are **NOT** to be done unless under direct supervision of a staff technologist or instructor. Staff or instructor must assist with all repeats.
5. All exams must be checked by staff technologist or instructor.
6. The exams listed on the computer must be mastered prior to graduation. (Must complete all the mandatory and electives and recomplete 80% of mandatory and elective components.)

**ATTENDANCE**

1. All make-up time is to be made up at the discretion of the clinical coordinator and/or PD.
2. If sick, you are required to call in 30 minutes before the hour you are scheduled to report to their clinical assignment.
3. Punctuality is expected and enforced
4. All vacation or excused absences must be approved in advance.

**GRADE DETERMINATION**

- |    |                                                                           |                      |
|----|---------------------------------------------------------------------------|----------------------|
| 1. | Preceptor evaluations                                                     | 65% of _____ = _____ |
| 2. | Competencies<br>10 required from Categories I, II & III<br>10 points each | 25% of _____ = _____ |
| 3. | Attendance                                                                | 10% of _____ = _____ |
|    | Tardies in excess of 2                                                    | -2 each              |
|    | Sick in excess of 2                                                       | -2 each              |

**Final Clinical Grade = \_\_\_\_\_**

**GRADING**

A = 93 – 100

B = 83 – 92

C = 75 – 82

F = Below 75

**DCH Regional Medical Center  
School of Radiologic Technology  
4<sup>th</sup> Quarter/4<sup>th</sup> Term  
Clinical Education PRCT IV - RAD 410  
Clinical IV Preceptorship Syllabus**

**Course Master:** Leonetta Jackson, MSHA, ARRT (R)  
**Office Hours:** Posted and/or by appointment

**RAD 410 Clinical Education PRCT IV**

This clinical education course includes rotation assignments through all radiographic imaging areas to include mobile procedures and surgery. Shift rotations may continue. Continuation of procedural competency, testing and performance. *Preceptorship is a 5:1 hour ratio*

| THEORY | LAB | CLINIC | COURSE |
|--------|-----|--------|--------|
| 0      | 0   | 200    | 4      |

Clinical Education PRCT IV is the fourth in a series of eight clinical education preceptorships that will provide you with the necessary experience and education needed in the actual practice of radiography. You will continue to rotate through the designated clinical areas and have a weekend clinical rotation. By this time, you should have gained some self-confidence in areas covered in class and should demonstrate good judgment and accurate positioning skills when working in a stressful environment. The evening shifts and the weekend rotations should provide you with ample opportunity to accomplish these objectives.

You will continue to master the required competency exams under direct supervision and will perform under indirect supervision exams mastered in previous quarter. A technologist and/or faculty or preceptor must assist students in all repeats.

The clinical preceptors in the general diagnostic areas, weekend rotation and the 3 - 9 / 3 - 11 rotation will evaluate students.

**COURSE OBJECTIVES**

At the end of the fourth quarter, the student will be able to:

1. Become proficient in dealing with and radiographing.
2. Demonstrate the ability to work in a busy and stressful environment.  
(Evaluation)
3. Demonstrate the self-confidence to actively participate in trauma cases.  
(Evaluation)
4. Understand and become proficient in venipuncture. (In-service by Radiology RN)

## References: Medical Imaging Department Protocol Book

### COMPETENCY REQUIREMENTS

1. You must be evaluated on ten (10) clinical competency exams from categories I, II, III & IV. Category I – chest and abdomen. Category II – upper and lower extremities. Category III – axial skeleton. Overall total of 32.
2. Must perform at a minimum level of 75%.
3. Routine projections of all exams must be performed.
4. Exams are **NOT** to be done unless under direct supervision of a staff technologist or instructor. Staff or instructor must assist with all repeats.
5. All exams must be checked by staff technologist or instructor.

### ATTENDANCE

1. All make-up time is to be made up at the discretion of the clinical coordinator and/or PD.
2. If sick, the student is required to call in 30 minutes before the hour they are scheduled to report to their clinical assignment.
3. Punctuality is expected and enforced.
4. All vacation or excused absences must be approved in advance.

### GRADE DETERMINATION

#### Clinicals

- |    |                                                             |                      |
|----|-------------------------------------------------------------|----------------------|
| 1. | Clinical instructors' evaluations                           | 65% of _____ = _____ |
| 2. | Competencies<br>32 required from Categories I, II, III & IV | 25% of _____ = _____ |
| 3. | Attendance                                                  | 10% of _____ = _____ |
|    | Tardies in excess of 2                                      | -2 each              |
|    | Sick in excess of 2                                         | -2 each              |

Final Clinical Grade = \_\_\_\_\_

### GRADING

A = 93 – 100    B = 83 – 92    C = 75 – 82    F = Below 75



**DCH Regional Medical Center  
School of Radiologic Technology  
5<sup>th</sup> Quarter/5<sup>th</sup> Term  
Clinical Education PRCT V - RAD 510  
Clinical V Preceptorship Syllabus**

**Course Master:** Leonetta Jackson, MSHA, ARRT (R)  
**Office Hours:** Posted and/or by appointment

**RAD 510 Clinical Education PRCT V**

This clinical education course includes rotation assignments through all radiographic imaging area to include mobile procedures and surgery. Shift rotations may continue. Continuation of procedural competency, testing and performance. Recomps in all categories can begin.  
*Preceptorship is a 5:1 hour ratio.*

| THEORY | LAB | CLINIC | COURSE |
|--------|-----|--------|--------|
| 0      | 0   | 200    | 4      |

Clinical Education PRCT V is the fifth in a series of eight clinical education preceptorships that will provide you with the necessary experience and education needed in the actual practice of radiography. At this point in your training, you should have acquired enough technical knowledge to perform accurately and efficiently in stressful situations. You should be able to perform difficult exams and be able to perform exams on the uncooperative patient. You should be able to demonstrate flexibility in positioning according to patient condition. You should work on speed and accuracy. You should work on proficiency with equipment found in the trauma bay. Awareness of the single control panel serving two tubes and availability of techniques should be a primary focus. You should realize the need for speed without losing accuracy in emergency situations. The trauma bay will be an excellent place to perfect these skills this quarter. The weekend rotation and the 3 - 9 / 3 - 11 rotations should afford you with many opportunities.

The student will continue to complete competency exams under the direct supervision of an RT. The student will perform under indirect supervision exams mastered in previous quarters. Students will begin to re-comp exams. The area of concentration this quarter will be surgery and C-Arm procedures.

Clinical instructors in the general diagnostic areas, weekend rotation and the 3 - 9 / 3 - 11 shifts will evaluate the students.

**COURSE OBJECTIVES**

At the end of the fifth quarter, the student will be able to:

1. Continue work toward completion of the clinical competency objectives (20 comps or recomps required –total of 52).

2. Become proficient in surgery and C-Arm procedures (C-Arm in-service).
3. Demonstrate the ability to perform exams under difficult and stressful situations.
4. Perform IV contrast injections with supervision following DCH protocol.
5. The student will understand the importance of checking lab values (BUN & Creatinine) before injection of contrast media.
6. Perform intricate exams.
7. Demonstrate his/her ability to perform exams on difficult or uncooperative patients. Have a better understanding of swallowing disorders.
8. Be able to adapt positioning skills to accommodate patients not able to cooperate in a routine manner.
9. Demonstrate the need for speed and accuracy in emergency situations.
10. Will expand knowledge of procedures performed in Endoscopy (worksheet attached).

**COMPETENCY REQUIREMENTS**

1. Complete BUN / Creatinine/ eGFR objective.
2. Complete Swallowing Disorders objective.
3. Complete Endoscopy Procedures objective.
4. CATEGORY V – Contrast studies of the GI/GU and reproductive.
5. The exams listed on the student competency record must be mastered prior to graduation.

**ATTENDANCE**

1. All make-up time is to be made up at the discretion of the clinical coordinator and/or PD.
2. If sick, the student is required to call in 30 minutes before the hour they are scheduled to report to their clinical assignment.
3. Punctuality is expected and enforced.
4. All vacation or excused absences must be approved in advance.

**GRADE DETERMINATION**

**Clinicals**

|    |                                                                                                 |         |                      |
|----|-------------------------------------------------------------------------------------------------|---------|----------------------|
| 1. | Clinical instructors' evaluations                                                               |         | 35% of _____ = _____ |
| 2. | Competencies<br>(Total of 50 comps & re-comps)                                                  |         | 40% of _____ = _____ |
| 3. | Clinical objectives written<br>BUN / Creatinine<br>Swallowing disorders<br>Endoscopy procedures |         | 15% of _____ = _____ |
| 4. | Attendance                                                                                      |         | 10% of _____ = _____ |
|    | Tardies in excess of 2                                                                          | -2 each |                      |
|    | Sick in excess of 2                                                                             | -2 each |                      |

Final Clinical Grade = \_\_\_\_\_

**GRADING**    A = 93 – 100    B = 83 – 92    C = 75 – 82    F = Below 75 30

## Endoscopy Procedures

1. What is gastrointestinal endoscopy?
2. Define cytology.
3. Define stricture.
4. Define dilatation.
5. List six risks involved in endoscopic treatment or exams
  - 1.
  - 2.
  - 3.
  - 4.
  - 5.
  - 6.
6. EGD is an exam that looks at the following structures:
7. EGD stands for \_\_\_\_\_.
8. Esophageal dilatation involves doing what?

9. The therapy named \_\_\_\_\_ is done to inject medication to stop bleeding. Whereas, \_\_\_\_\_ involves using an electric current to control bleeding.
10. ERCP stands for
11. Briefly describe an ERCP procedure
12. Which sphincter would be involved in a sphincterotomy?
13. What would be used to remove CBD stones in endoscopy?
14. The crushing of stones by laser is called
15. In a colonoscopy, what structure(s) is examined
16. A proctoscopy / sigmoidoscopy examines the \_\_\_\_\_ & \_\_\_\_\_.
17. What is a polypectomy?
18. Laser therapy is used to stop:
19. When a patient signs an endoscopy consent form, is s/he releasing his/her photographs to be published?

## **BUN / Creatinine/ eGFR**

Write a 2-page, typed report to include:

1. Normal values
2. Creatinine is a by-product of what
3. BUN is a by-product of what
4. An increase in BUN / Creatinine levels indicate what
5. In the Radiology department, when do BUN / Creatinine levels need to be checked
6. How to find values (2)
7. Importance of checking BUN / Creatinine levels
8. Define eGFR and its importance

Reference: Internet  
Internal Medicine books

**Swallowing Disorders**  
**5 points each**

1. Define dysphagia:

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2. Dysphagia is caused by \_\_\_\_\_ or \_\_\_\_\_

3. The precaution to watch for in patients who have dysphagia is

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4. An NG tube was inserted into John's stomach because he was unable to

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5. A video was ordered on John even though his swallowing improved. Why?

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6. John choked on what foods?

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7. In Stage 1, a swallowing disorder occurs when

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8. In Stage 2, a swallowing disorder occurs when

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9. In Stage 3, a swallowing disorder occurs when

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10. List 5 symptoms of swallowing disorders

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

11. The most common disagreement families have with staff if their family member has swallowing disorders is:

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12. What amount of food and liquid should a patient have at one time?

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13. Best positioning for swallowing is \_\_\_\_\_ at a right angle \_\_\_\_\_

14. To help move food through the throat, the patient can try

\_\_\_\_\_ and \_\_\_\_\_

15. Why should the environment be quiet when these patients eat?

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16. A video can show what three things?

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

17. When should a speech pathologist order a FEES?

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18. List three alternative means of feeding?

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

19. A pureed food is the right consistency when

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20. What is a “Katie drink”?

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**DCH Regional Medical Center  
School of Radiologic Technology  
6<sup>th</sup> Quarter/6<sup>th</sup> Term  
Clinical Education PRCT VI - RAD 610  
Clinical VI Preceptorship**

**Course Master:** Leonetta Jackson, MSHA, ARRT (R)  
**Office Hours:** Posted and/or by appointment

**RAD 610 Clinical Education PRCT VI**

This clinical education course includes rotation assignments through all radiographic imaging areas to include mobile procedures and surgery. Assignments to other modalities, particularly CT may begin this quarter depending upon academic and clinical progression. Shift rotations may continue and students will complete a shift assignment in the Angiography lab. Competency testing in all categories continues.

*Preceptorship is a 5:1 hour ratio.*

| THEORY   | LAB      | CLINIC     | COURSE   |
|----------|----------|------------|----------|
| <b>0</b> | <b>0</b> | <b>200</b> | <b>4</b> |

Clinical Education PRCT VI is the sixth in a series of eight clinical education preceptorships that will provide you with the necessary experience and education needed in the actual practice of radiography. You should continue working on speed and accuracy.

Rotations may begin with other modalities this quarter. You will complete a shift assignment in the Angiography lab. Students will begin to rotate through Computed Tomography. Students will continue rotation on the 3 – 9 / 3 - 11 shift. Clinical instructors in the general diagnostic and weekend rotation will evaluate the students.

The student will continue to work on completion of competencies and re-competencies not mastered in previous quarters.

**COURSE OBJECTIVES**

At the end of the sixth quarter, the student will:

1. Continue to critique images.
2. Continue to work toward completion of the clinical competency objectives (20 comps or re-comps – total of 72).
3. Demonstrate the need for speed and accuracy in emergency situations.
4. Continue to perform difficult exams and work with the difficult and uncooperative patient.
5. Rotation through Computed Tomography.

**ATTENDANCE**

1. All make-up time is to be made up at the discretion of the clinical coordinator and/or PD.
2. If sick, you are required to call in 30 minutes before the hour they are scheduled to report to their clinical assignment.
3. Punctuality is expected and enforced.
4. All vacation or excused absences must be approved in advance.

**GRADE DETERMINATION**

**Clinicals**

- |    |                                                                |                      |
|----|----------------------------------------------------------------|----------------------|
| 1. | Preceptor evaluations                                          | 60% of _____ = _____ |
| 2. | Additional modalities objectives                               | 5% of _____ = _____  |
| 3. | Competencies<br>20 comps or re-comps required<br>5 points each | 20% of _____ = _____ |
| 4. | Attendance                                                     | 10% of _____ = _____ |
|    | Tardies in excess of 2                                         | -2 each              |
|    | Days taken in excess of 2                                      | -2 each              |

**Final Clinical Grade = \_\_\_\_\_**

**GRADING**

- A = 93 – 100  
B = 83 – 92  
C = 75 – 82  
F = Below 75

**DCH Regional Medical Center  
School of Radiologic Technology  
7<sup>th</sup> Quarter/7<sup>th</sup> Term  
Clinical Education PRCT VII - RAD 710  
Clinical VII Preceptorship**

**Course Master:** Leonetta Jackson, MSHA, ARRT (R)

**Office Hours:** Posted and/or by appointment

**RAD 710 Clinical Education PRCT VII**

This clinical education course includes rotation assignments through all radiographic imaging areas to include mobile procedures and surgery. Assignments to other modalities, particularly CT may begin this quarter depending upon academic and clinical progression. Shift rotations may continue and students will complete a shift assignment in the Angiography lab. Competency testing in all categories continues.

*Preceptorship is a 5:1 hour ratio.*

| THEORY   | LAB      | CLINIC     | COURSE   |
|----------|----------|------------|----------|
| <b>0</b> | <b>0</b> | <b>200</b> | <b>4</b> |

Clinical Education PRCT VII is the seventh in a series of eight clinical educations that will provide the student with the necessary experience and education needed in the actual practice of radiography. The students should be able to apply the technical knowledge and skills acquired in his/her training. At this point, the student should be able to perform more independently and should demonstrate the skills and self-confidence to function as a technologist.

Clinical rotation will continue on the 3 - 9 / 3 - 11 shift, weekend and through all areas of diagnostic radiology.

Students will continue to work on completion of required competencies. Competency exams will be performed under the direct supervision of an RT. Exams mastered in previous quarters can be performed under indirect supervision. A staff technologist or instructor must assist with all repeats. Rotation through specialty areas will continue with rotation through the Heart Cath Lab.

This quarter, the student will be evaluated in diagnostic radiology, weekend and 3 - 9 / 3 - 11 rotation.

**COURSE OBJECTIVES**

At the end of the seventh quarter, the student will:

1. Continue to critique images.

2. Continue to work toward completion of the clinical competency and re-comp requirements.
3. Acquire expanded knowledge about the varied modalities in radiology by completing objective sheet #5. Students will complete a shift assignment in the Cath Lab. (objective sheet attached) Due by fifth class period of the quarter. No exceptions!
4. Demonstrate the skills and self-confidence necessary to function as an independent radiographer.
5. Take an active role in trauma cases.

**ATTENDANCE**

1. All make-up time is to be made up at the discretion of the clinical coordinator and/or PD.
2. If sick, the student is required to call in 30 minutes before the hour they are scheduled to report to their clinical assignment.
3. Punctuality is expected and enforced.
4. All vacation or excused absences must be approved in advance.

**GRADE DETERMINATION**

**Clinicals**

- |    |                             |                      |
|----|-----------------------------|----------------------|
| 1. | Preceptor's evaluations     | 75% of _____ = _____ |
| 2. | Clinical objectives written | 15% of _____ = _____ |
| 3. | Attendance                  | 10% of _____ = _____ |
|    | Tardies in excess of 2      | -2 each              |
|    | Sick in excess of 2         | -2 each              |

**Final Clinical Grade = \_\_\_\_\_**

**GRADING**

- A = 93 – 100
- B = 83 – 92
- C = 75 – 82
- F = Below 75

**DCH Regional Medical Center  
School of Radiologic Technology  
8<sup>th</sup> Quarter/8<sup>th</sup> Term  
Clinical Education PRCT VIII - RAD 810  
Clinical VII Preceptorship**

**Course Master:** Leonetta Jackson, MSHA, ARRT (R)

**Office Hours:** Posted and/or by appointment

**RAD 810 Clinical Education PRCT VIII**

Intense review focusing on the synthesis of professional knowledge, skills, and attitudes in preparation for the American Registry of Radiologic Technology (ARRT) certification examination, professional employment, and lifelong learning. Independent/group study, research, and testing are required. Areas of focus will be Radiation Protection, Equipment Operation and Quality Control, Image Acquisition and Evaluation. Continued competency assessment. *Preceptorship is a 5:1 hour ratio.*

| THEORY   | LAB      | CLINIC     | COURSE   |
|----------|----------|------------|----------|
| <b>0</b> | <b>0</b> | <b>200</b> | <b>4</b> |

Clinical Education PRCT VIII is the eighth in a series of eight clinical educations that will provide the student with the necessary experience and education needed in the actual practice of radiography. The students should be able to apply the technical knowledge and skills acquired in his/her training. At this point, the student should be able to perform more independently and should demonstrate the skills and self-confidence to function as a technologist.

Clinical rotation will continue on the 3 - 9 / 3 - 11 shift, weekend and through all areas of diagnostic radiology.

Students will continue to work on completion of required competencies. Competency exams will be performed under the direct supervision of an RT. Exams mastered in previous quarters can be performed under indirect supervision. A staff technologist or instructor must assist with all repeats.

This quarter, the student will be evaluated in diagnostic radiology, weekend and 3 - 9 / 3 - 11 rotation.

**COURSE OBJECTIVES**

At the end of the eighth quarter, the student will:

1. Continue to critique images.
2. Continue to work toward completion of the clinical competency objectives (20 comps or recomps – total of 72)

3. Demonstrate the need for speed and accuracy in emergency situations.
4. Continue to perform difficult exams and work with the difficult and uncooperative patient.
5. Rotation through Computed Tomography (CT).

**ATTENDANCE**

1. All make-up time is to be made up at the discretion of the clinical coordinator and/or PD.
2. If sick, the student is required to call in 30 minutes before the hour they are scheduled to report to their clinical assignment.
3. Punctuality is expected and enforced.
4. All vacation or excused absences must be approved in advance.

**GRADE DETERMINATION**

**Clinicals**

- |    |                                                               |                      |
|----|---------------------------------------------------------------|----------------------|
| 1. | Preceptor's evaluations                                       | 60% of _____ = _____ |
| 2. | Special Modality objectives                                   | 5% of _____ = _____  |
| 3. | Competencies<br>20 comps or recomps required<br>5 points each | 25% of _____ = _____ |
| 4. | Attendance                                                    | 10% of _____ = _____ |
|    | Tardies in excess of 2                                        | -2 each              |
|    | Days taken in excess of 2                                     | -2 each              |

**Final Clinical Grade = \_\_\_\_\_**

**GRADING**

- A = 93 – 100  
 B = 83 – 92  
 C = 75 – 82  
 F = Below 75

### **Education Eligibility**

In order to provide proper patient care in the clinical setting, students assigned to the clinical education center must meet the following criteria ***by the end of the first quarter of the program.***

1. Complete the competency orientation program for new students.
2. Successfully complete the classes on body mechanics and basic patient care.
3. Be certified in cardiopulmonary resuscitation (CPR) and maintain certification throughout the program.

### **Education Performance Objectives**

In order for the student to perform clinically at an acceptable degree of proficiency, s/he must be able to perform each of the following items.

#### **I. Patient Management**

##### **A. Physical Facilities Readiness:**

The student will:

1. Know the location of linen, bedpans, emesis basins, and emergency drugs (crash carts) in order to secure them when needed.
2. Maintain a clean and organized radiographic room by:
  - A. folding and replacing linen supplies
  - B. cleaning the radiographic table as needed
  - C. dusting room and equipment at appropriate intervals
  - D. checking daily:
    - Supply of lead markers
    - lead aprons and gloves, which may be needed
    - positioning aids (sponges, restraints, etc.)
    - Presence of proper size and type of needles and syringes
3. Prepare the radiographic room for the procedure before the patient enters the room.
4. Assemble the necessary equipment required to perform the radiographic exam.



5. Check contrast material and emergency drugs for quantity and possible chemical deterioration (**check expiration dates of all drugs**).
6. Fill syringes with contrast material using sterile technique when appropriate.
7. If the procedure is a fluoroscopic examination, prepare the patient and equipment before the radiologist enters the room.
8. Select the proper film size and type, correctly reload film holder, if needed.

**B. Evaluation of the Requisition:**

The student will:

1. Correctly identify the patient using two patient identifiers.
2. Determine the patient's mode of transportation.
3. Follow instructions as outlined by the radiographic requisition.
4. Based on the requisition, the patient's chart or verbal communication, determine the:
  - A. patient's name (observe all HIPPA policies)
  - B. appropriate radiographic procedure
  - C. special considerations if indicated
  - D. possible contraindications
  - E. information affecting how the patient is to be handled or technical factors to be used
  - F. equipment to be used
  - G. completeness of information
  - H. prior preparation of patient as needed
  - I. pregnancy status of patient if appropriate
5. Discuss with a supervisor; incomplete, confusing or unclear requisitions or patient information.
6. Consider the need for alternate radiographic positioning to accomplish the examination and offer the least discomfort to the patient.

7. Determine the patient positions and projections of the area of interest in relation to the patient's condition.
8. Correctly identify the part or side of the patient with "R" or "L" lead marker properly placed.
9. Record the radiographic exam including any pertinent comments about the exam or the patient's condition.
10. Record any equipment problems in the proper logbook.

**C. Patient Care:**

The student will:

1. Respect each patient's privacy and concerns.
2. Treat each patient with dignity and respect.
3. Correctly identify the patient using two patient identifiers for whom the radiographic procedure is requested.
4. Transport the patient to and from radiology without injury to the patient or yourself.
5. Explain the radiographic exam to the patient or a family member.
6. Inform the patient of what will happen during the radiographic procedure.
7. Reassure the patient and answer any questions.
8. Draw implications from the patient information to allow the radiographic exam to be conducted as efficiently as possible.
9. Alert the radiologist to possible contraindications to the requested radiographic exam such as:
  - possible radiation exposure to a fetus
  - recent duplication of the exam
  - effectiveness of patient preparation for the examination
  - signs of distress, adverse or emergency reactions
10. Transport the patient on a stretcher or wheelchair into the radiographic room; position the vehicle next to the examination table.

11. Assist the patient safely from the transportation vehicle to the radiographic table.
12. Use care in moving patients to avoid harming, causing pain or needless discomfort.
13. Allow the patient to be as comfortable as possible.
14. Manipulate oxygen supply, catheters or chest tubes with care to avoid disruption of proper function.
15. Apply immobilization devices to prevent patient movement but not interfere with respiration and circulation.
16. Give appropriate instructions to the patient per part/projection performed.
17. Provide appropriate radiation shielding for the gonads based on the position of the patient and the part/projection required.
18. Observe the patient throughout the radiographic procedure and be alert to any signs of pain, emergency, adverse reactions to the procedure or contrast materials.  
**Never leave babies or small infants alone AT ANY TIME.**
19. Observe if the patient is having an adverse reaction and if so, react appropriately.
20. Make sure any repeat exposures are for medical diagnostic purposes and done only in the presence of a qualified technologist.
21. Assist the patient safely from the radiographic table to the transportation vehicle.
22. Assist as much as possible with patients who must wait for long periods of time (talk with them, check their needs, etc.).
23. Practice AIDET (Acknowledge, Inform, Duration, Explain, and Thank You) skills.

## II. Equipment Manipulation and Technical Adjustments

The student will:

1. Prepare the radiographic exposure room before the patient enters, this should include knowledge of the appropriate images that will be taken per facility protocol.
2. Using a technique chart as a guide, determine and select the appropriate minimal exposure factors, which are

compatible with the diagnostic quality, desired, if not using AEC.

3. Carefully adjust the exposure factors for special considerations, i.e. patient's size, medical condition, age, sex or muscularity, if not using AEC.
4. Using arithmetic calculations, adjust the technique to compensate for changes in the routine exposure factors, i.e. distance, grid ratio, film type, patient movement, etc.
5. Position the radiographic tube with the primary beam entering the area of interest at the appropriate angle to project the image required.
6. Always use care when moving the radiographic tube in the presence of the patient or anyone else in the room.
7. Position the radiographic tube with the proper source-to-image (SID) distance.
8. Position the image receptor in bucky or cassette holder and position the central ray or body part.
9. Operate the collimator controls to expose only the area of interest.
10. Correctly use the rotor and exposure switches on the radiographic control panel.
11. Note any signs of equipment malfunction and report them immediately.
12. Transport the image receptor to the darkroom or computer for processing as applicable.
13. Reload the image receptor with the correct type of film or erase the imaging plate as applicable.
14. Make sure any repeats required are for medical diagnosis.
15. If the procedure is a portable examination:
  - A. safely transport the portable unit from the radiology department to the patient's bedside or operating room
  - B. position the portable unit accurately for the requested procedure
  - C. record the examination in the appropriate log

### III. **Positioning Skills**

The student will:

1. Follow steps outlined in sections I and II.
2. Select the appropriate external reference points to position the patient for the specific examination according to the area of interest.
3. Account for body habitus in relating external reference structures to internal structures.
4. Position the body part correctly to provide images necessary for diagnosis.
5. Select and apply immobilization devices to prevent patient motion but do not interfere with breathing or circulation.
6. Mark or define anatomical reference points to position the body part with proper rotation and angulation.
7. In positioning the patient, make note of location of suspected fractures, unhealed fractures, or presence of foreign bodies and handle the patient accordingly.
8. If necessary, select alternative positioning to obtain the requested projections of the area of interest.
9. Select the proper size and type of film based on the size of the patient, area of interest, use of magnification technique and number of projections to appear on the film.
10. Position the image receptor in the bucky or cassette holder.
11. Position the patient or body part in the correct relationship to the film.
12. When using the bucky, center the body part to the midline of the table.
13. Place the long axis of the body part with the long axis of the image receptor.
14. With upright cassette holders, adjust the height of the holder to coincide with the body part to be imaged.
15. Position the radiographic tube with primary beam entering the area of interest at the correct angle to project the image needed.
16. Using lead markers (R, L, UP, etc.) identify the patient part, position and time according to department procedures.
17. Determine the position of the gonads and provide appropriate radiation shielding based on the position of the patient and the area being radiographed.
18. Instruct the patient appropriately to accomplish the exam with minimum motion and discomfort to the patient.
19. Ensure that all repeats required are for medical diagnostic purposes only.

#### IV. Radiation Protection:

The student will:

1. Consider the effects of ionizing radiation on human tissue and conform to established safety standards.
  - A. wears protective lead garments if in the room during an exposure
  - B. makes exposures from behind the lead protective barrier
  - C. close all doors to the room before making any exposures
  - D. use gonadal shielding for the patient's protection
  - E. use correct collimation for protection of the patient and others
2. Supply protective shielding to any persons who will be in the room during exposures.
3. Follow instructions when selecting and establishing exposure factors.
4. Determine appropriate shielding for radiation sensitive tissue, considering direction of the central ray and the proximity of the area of interest to the sensitive tissue.
5. Always wear your radiation-monitoring device placed correctly on your body.
6. Turn in the radiation-monitoring device at the proper intervals, keeping them up-to-date.
7. Consistently receive a safe reading on the monthly radiation dosage report.
8. Determine when an accidental exposure radiation exposure may have occurred to you, the patient or other personnel.
9. Report any excessive exposures immediately to the clinical coordinator or staff.
10. Determine possible causes for unusually high radiation readings on personal monitoring device.
11. Know how to read the monthly radiation dosage report to determine your exposure history.
12. Make sure any repeats required are for medical diagnostic purposes only.

V. **Injectable Contrast Media and Procedures:**

The student will:

1. Check contrast material and emergency drugs for chemical deterioration. In performing radiography when sterile, surgical or invasive procedures are involved, use knowledge of sterile conditions and procedures to achieve or maintain the sterile integrity of materials, area or parts of the patient's body.
2. Using sterile technique, fill syringes with contrast material needed for the radiographic procedure. **Students are not allowed to inject medications or contrast media without an RN or RT present.**
3. Apply various types of tourniquets, sterile dressings or other devices used in connection with the procedure.
4. Ensure presence of supplies needed for the procedure, i.e. contrast material, syringes, bandages, emergency drug and supplies, etc.
5. Observe the patient throughout the procedure and be alert for any signs of adverse reactions to the procedure or contrast material.

VI. **Image Evaluation:**

A. **General**

The student will:

1. Perform a review of images for technical and diagnostic quality.
2. Properly use all equipment required to accomplish the review.
3. Demonstrate the proper steps in reviewing the images produced:
  - A. relate the orders for the procedures to projections of the area of interest and the patient's condition
  - B. consider the need for change from the standard positions to accomplish

- the examination and offer the least amount of discomfort to the patient
      - C. provide a technical quality review of the images produced
- 4. Assess for each image / radiograph / procedure whether:
  - A. correct patient view and full area of interest is demonstrated
  - B. unnecessarily large area of the patient is visible (irradiated)
  - C. proper shielding of the patient is visible
  - D. artifacts, blurring, or distortion of the image is present
  - E. adequate detail and definition are present in the image
  - F. adequate density and contrast are present to provide the diagnostic quality required for the examination
  - G. the anatomy and area of interest are demonstrated satisfactorily for diagnostic purposes, based on the requested exam and review of the radiographs
  - H. problems were caused by the radiographer's performance (improper positioning, incorrect exposure factors, etc.) or if malfunctioning equipment is responsible
  - I. anatomical structures needed are shown in the image and their relationships are demonstrated appropriately
  - J. proper collimation has been used to prevent exposing areas of the patient unnecessarily
  - K. standards for diagnostic quality have been met
  - L. any views have been omitted



5. When reviewing the images for technical quality:
  - A. consider what the radiographer should do to improve the quality of the radiograph / image
  - B. decide if repeats or additional views would be helpful based on the patient's condition and/or history
  - C. what alternative patient or radiographic tube positioning may be used to obtain views for which routine positioning is not possible

**B. Alignment**

The student will review each radiograph to determine:

1. Positioning of the body part radiographed is in the correct relationship to the film.
2. Placement of the long axis of the body part coincides with the long axis of the film.
3. Positioning of the radiographic tube is such that the primary beam enters the area of interest at the proper angle to project the image needed.
4. Centering of the radiographic tube to the film is correct.
5. Proper focal-film distance was used.

**C. Radiographic Exposure Technique**

The student will review each radiograph to assess whether:

1. The radiograph is overexposed or underexposed.
2. The proper contrast and density of the image is present.
3. Instructions for establishing exposure factors were followed accurately.
4. Proper collimation to the anatomical part to be demonstrated was used in each image.
5. There is evidence of equipment malfunction.

#### D. Image Identification

The student will review each radiograph to determine:

1. The patient's information and correct date are visible and readable.
2. Lead markers were used properly and are visible.
3. Placement of lead markers is appropriate relative to the body part being radiographed.
4. Any other information relative to the exam is included, i.e. portable, upright, etc.

#### VII. Professionalism:

The student should exhibit the following traits and characteristics. Those that are most often expected from the technologists include:

|                 |               |            |
|-----------------|---------------|------------|
| Compassion      | Cooperation   | Interest   |
| Motivation      | Dependability | Poise      |
| Self-discipline | Loyalty       | Promptness |

These traits and characteristics have certain responses that can indicate their presence in the student technologist. The identification and development of these traits is/are part of the clinical education component.

#### **COMPASSION**

To demonstrate this trait, **the student will:**

1. Assist patients, allowing them as much comfort as possible.
2. Take care not to move the patient in any way that might be harmful, painful or needlessly uncomfortable.
3. Not leave those patients who might fall, alone on the radiographic table.
4. Assist patients who wait for long periods of time in the radiology department (talking with them, checking on their needs, etc.).

## **INTEREST and PREPARATION**

To demonstrate this trait, **the student will:**

1. Be able to perform the radiographic procedures ordered.
2. Possess and use items required to perform the procedures, i.e. lead markers, pen/pencil, radiation monitoring devices, etc.
3. Have the motivation to learn and alternative methods to perform the procedures.

## **COOPERATION**

To demonstrate this trait, **the student will:**

1. Respect patients and personnel's privacy and dignity.
2. Establish good rapport with other members of the health care team.
3. Accept guidance, suggestions, and constructive criticism without overt resentment.
4. Exhibit pleasant and helpful behavior with patients and personnel.
5. Follow the rules and regulations of the radiology department and the medical facility.

## **MOTIVATION**

To demonstrate this trait, **the student will:**

1. Perform requested radiographic procedures without being asked or told to do so.
2. Practice skills previously learned to become proficient in them.
3. Ask for assistance in attempting new or complex procedures.

4. Perform any tasks that are necessary for the efficient function of the radiology department.

### **DEPENDABILITY**

To demonstrate this trait, **the student will:**

1. Be prompt in:
  - A. arriving at the clinical site early enough to prepare your assigned area.
  - B. approaching radiographic assignments with energy and enthusiasm.
  - C. returning from breaks and meals at the designated times.
  - D. proceeding with assignments given and completing them within a reasonable amount of time.
2. Perform your tasks as assigned by the clinical site or at the direction of the clinical instructor and/or clinical staff.
3. Recognize and acknowledge limitations of knowledge and experience.
4. Be honest and truthful.
5. Show flexibility in schedules and breaks.

### **POISE and SELF-DISCIPLINE**

To demonstrate this trait, **the student will:**

1. Be pleasant to others even in adverse conditions.
2. Maintain composure in all situations. Never confront clinical staff, especially in public. This may be grounds for dismissal from the program. Disagreement and

misunderstandings should be brought to the clinical coordinator or PD.

3. Exhibit adaptability in new or unusual situations.
4. Follow the rules of the clinical site and medical facility.
5. Exercise self-discipline in performing all aspects of your duties.
6. Keep your mind on your responsibilities and follow them through until the job is completed.
7. Accept criticism positively and benefit as a result.

### **MATURITY and JUDGMENT**

To demonstrate this trait, **the student will:**

1. Treat patients and others with respect and kindness.
2. Be discreet when discussing patients. Do it where family and friends will not overhear.
3. Show the ability to be a responsible technologist that others can depend on.

### **APPEARANCE**

To demonstrate this trait, **the student will:**

1. Present a professional appearance at all times.
2. Follow the guidelines of the program and department dress code.
3. Practice good personal hygiene.
4. Refrain from eating in patient care areas.  
**Do this in designated areas only!!**

## Education Plan

1. Clinical assignments will be conducted at DCH Health System and other clinical affiliates of the program.
2. Clinical education will be concurrent with academic classes.
3. Clinical assignments will vary from quarter to quarter. A schedule listing assigned hours and areas will be posted before the end of the previous quarter. Clinical assignments may be scheduled on all shifts. The Clinical Coordinator will schedule shift assignments.
4. Total clinical and classroom hours will not exceed forty hours per week. Assignments on any given day or shift will not exceed eight hours. Currently clinical assignments are assigned for four hours on Fridays.
5. A change in the daily or shift assignment schedule must be approved by the Clinical Coordinator.
6. Students will have all DCH holidays off and other such time off as determined by the program.
7. Students will be assigned various clinical hours in order to supply students with clinical experiences to prepare them to competently perform duties of the entry-level radiographer.

## Education Policy

1. The academic day consists of eight hours each assigned day with classroom, lab and clinical hours included.
2. Students **will be assigned** a lunch period, which they are **required to take**. The length of the lunch break will follow the policies of the radiology department or assigned clinical education site (usually 30 minutes).
3. Each student will arrive for clinic/school at their assigned time each day. Students will use Trajecsyst as explained by their instructor. Time and attendance records are maintained in the program office. **Absences will not be tolerated** and excessive tardiness will result in disciplinary action as outlined in the Attendance Policy. **Three tardies constitutes one (1) absence.** A student is considered tardy

upon arriving after the beginning of an assignment. Students who arrive early but are found not reporting to their assigned areas on time will receive a tardy.

4. When it is impossible for the student to fulfill assignment obligations, it is the student's responsibility to notify the PD or other school official prior to the beginning of the assignment. If the student is unavoidably late, the PD or clinical instructor should be notified as soon as possible. In the event the PD or CC is unavailable, leave a voice message on their office line.
5. Should a clinical education center ask for a student to be removed from that clinic, the student can be penalized up to dismissal from the program. If a clinic asks that a student not be reassigned to that clinic, the student will be counseled and put on probation.
6. Students who violate clinical policies will receive an unsatisfactorily clinical performance evaluation. An unsatisfactorily clinical performance equals one (1) unexcused absence. Examples: failure to call the clinical site or instructor when a tardy or absence is eminent; tardiness; leaving an assigned area without permission; or violation of dress code. Excessive clinical policy violations may result in suspension or dismissal from the program in accordance with program disciplinary policies.
7. Students who report to school/clinic without their ID badge or radiographic right and left markers will receive a written warning for the first occurrence. Subsequent occurrences will count as an absence and the student will be subject to disciplinary action according to the policies outlined in this handbook.

### **Education Rules and Regulations**

1. Students are subject to the rules and regulations of the Radiography Program, Imaging departments, clinical affiliates, and the sponsor. All students are required to read the policy manual of the Radiography Program and the policy and procedure manual of the clinical site and become familiar with those rules and regulations.
2. If a student is determined to be in violation of the rules and/or regulations, the PD and/or clinical coordinator will counsel the student about the violation.
3. If the student continues to violate the rules and regulations, disciplinary action will be taken as outlined in the policy manual.

4. All students must notify the clinical instructor/supervisor before leaving at the end of each clinical assignment.
5. ALL students are required to clock in and out in Trajecsys for every clinical rotation assignment and classroom attendance.
6. Students are not allowed to leave scheduled clinical assignments early except under extenuating circumstances. All students must notify the clinical instructor/supervisor before leaving.
7. Students who engage in any type of employment related to the career field must notify the PD.
8. Employment **will not** be substituted for clinical education. **Students may not perform clinical competency evaluations while in employment status at any facility at any time.**
9. At no time will students be substituted for paid staff during any assigned clinical rotation.
10. Clinical competencies may not be done on individuals other than patients. A patient is defined as an individual who requires a radiographic procedure that has been ordered by a physician.

#### **Example of Grading an Examination**

When grading with the clinical competency evaluation form, the evaluator observes the student's performance in the radiographic room, reviews each projection, and makes a check mark in area(s) where a problem exists. For example, if the student has positioned the patient incorrectly, a check would be placed in the corresponding box in the PATIENT POSITIONING category.

Should the student fail the entire competency evaluation, s/he must re-test on that procedure. Failed competency exams must be re-tested and passed before being eligible for graduation. Each student is expected to complete a minimum number of competency examinations per quarter. Failure to do so will result in a deduction of 5 points per competencies from the quarter average. The **MINIMUM number of competencies** to be performed during each quarter is listed under each clinical syllabus. All competency exams must be completed before graduation.

Once the minimum number of competencies required for each quarter has been completed, the student may choose to perform further competency examinations on procedures the student has successfully completed in the laboratory. Students are expected to continue to perform procedures on previously completed competencies throughout his/her tenure in the program.



### **Extension Policy**

In the event a student does not achieve the required competencies for the quarter, the student will receive a non-progressive grade and will be dismissed from the Program. In the event it appears the student will not achieve the minimum required competencies the student may ask for a clinical extension in an effort to achieve the necessary competencies to progress.

The extension *request* must be initiated by the student with the Clinical Coordinator seven (7) days before the end of the quarter, and is only applicable for one clinical course for the length of the Program, and is not applicable to any other radiography course.

Approval of the Clinical Extension is based on:

1. If previous clinical education course competencies were successfully completed.
2. Proficiency level and initiative as documented on the Clinical Performance Rotations Evaluation for the quarter.
3. Consultation with Clinical Faculty.
4. Student engagement throughout quarter with Clinical Coordinator to assess competency progression.

The request for an extension will be reviewed by the faculty of the program and the clinical faculty. The decision will be given to the student on the last day of the quarter if not before.

All requests for extension will be considered on an individual basis. The maximum extension allowed is restricted to the time allotted for quarter break. All competencies required to progress must be achieved before returning to clinic for the upcoming quarter. Extension time will not be “banked” or allowed to be taken off at another time.

Students will receive a grade of “**Incomplete**” until course competency requirements are met. If requirements are not met during the clinical extension a failing, non-progressive grade will be assigned.

### **General Patient Care Requirements**

The clinical competency requirements include the seven general patient care activities listed below. The student must satisfactorily demonstrate competence in all seven patient care activities.

1. CPR
2. Vital signs - Blood pressure, temperature, pulse, respiration, pulse oximetry
3. Venipuncture
4. O<sup>2</sup> administration

5. Sterile / Medical Aseptic Technique
6. Transfer of patient
7. Care of patient medical equipment (e.g. oxygen tank, IV tubing, etc.)

### **General Plan for Competency Based Clinical Education**

The clinical coordinator has primary responsibility for clinical education assignments, supervision and evaluation. Each clinical education center has a designated clinical instructor responsible for the supervision, instruction, counseling and evaluation of assigned students. The clinical instructor or a qualified staff technologist, R.T. (R) (ARRT) will supervise the students in the clinical education centers at all times. Supervision of students may be direct or indirect. The type of supervision is determined by the progress of the assigned student. Direct and indirect supervision are defined as follows:

**Direct Supervision** – the supervising technologist is present in the radiographic room when the student is performing a radiologic examination. The supervising technologist is responsible for assisting the student and assuring proper procedures are followed.

**Indirect Supervision** – the student performs examinations without the presence of a technologist in the radiographic room. This type of supervision requires that a qualified technologist be **immediately available** to assist the student if necessary. Immediately available is defined as being in the adjacent room or within earshot of the student. Only those students that have proven competency in the exam will be allowed indirect supervision.

**Portable radiography** will be performed under direct supervision at all times. Students are not allowed to perform mobile radiography without a qualified technologist to supervise.

***All “repeat” radiographs will be performed in the presence of a qualified radiographer regardless of the student’s level of competency. Failure to do so could result in immediate dismissal from the program.***

- ***In the event of any policy infractions; technologists and students have the opportunity to call, send a personal or Outlook email to inform faculty or to document non-compliance.***
- In the event a student believes they need more supervision than is being offered, or a technologist is in non-compliance, the student may call, send a personal or Outlook email to inform faculty or document non-compliance.
- In the event of any type of immediate infraction, a student may immediately report to the Imaging Director’s office and/or notify faculty who will immediately be present to ensure proper supervision and instruction.

The program's school agent, who is located in the Imaging Director's office, also has access to faculty via phone, cell, and e-mail and is aware of faculty schedules.

### **General Rules and Guidelines**

1. Students are subject to all rules and regulations of the Medical Center, both institutional and departmental.
2. Students will not inject contrast media or medication until trained and never without the supervision of an R.T., RN or a Physician.
3. A student will not hold a patient while an exposure is being made.
4. Each student must practice good personal hygiene.
5. It is the patient's right to be treated with dignity and care by a clean individual.
6. Students should devote their attention to the patient and refrain from discussing personal matters while in the presence of the patient; whether that be before, during or after an exam or while transporting a patient.
7. Students should keep rooms clean and fully supplied with clean linen, emesis basins, needles, syringes, etc.
8. Students should clean tables after each patient and disinfect contaminated equipment.
9. Students are expected to show courtesy and respect to everyone, i.e. patients, visitors, co-workers, your classmates, physicians, etc.
10. Physicians are to be shown respect by referring to them as "Doctor" while in the hospital.
11. A student may be asked to transport patients, or perform other tasks that are pertinent to radiographic examinations of patients and patient care.
12. A student who disobeys direct and specific orders related to radiographic services to a patient may be dismissed from the program.
13. The time allotted for meals during clinical or academic assignments is thirty (30) minutes. Eating and drinking are only allowed in designated areas. All DCH campuses are tobacco free and this includes smokeless tobacco (dips), e-cigs, vapes, JUUL, etc.

14. Students should discourage visitors to the Radiology Department during clinical education assignments. A student should not visit the department while off duty.
15. Reading newspapers, books, magazines, playing on phone, iPad, computer, etc. is not permitted in the clinical area while a patient is in the department awaiting a radiographic examination.
16. The student may study in the department provided there are no patients who require their services. Studying is not permissible at times when a student should be administering patient care. Studying may be defined as reading textbooks or practicing radiographic procedures with each other; however, no radiographic exposures will be made.
17. Horseplay is not permitted!! Horseplay is a serious matter that may result in injury to yourself or others or lead to destruction of equipment or supplies.
18. Loud noises in patient care areas should be avoided. These include laughing, singing, whistling, loud talking, arguing, foul language, etc.
19. Clinical swapping for weekend assignments has to be approved by the PD or Clinical Coordinator. This should be done within the students' own class.
20. A student cannot achieve competencies while working for pay.
21. Any doctor, dental or personal appointment should be made on scheduled days off, before or after the assigned shift.
22. Departmental telephones are business telephones and personal phone calls are discouraged. Cell phone use should be limited to break times and should not be used while walking the hallways or while transporting patients.
23. Students are required to supply the PD with a telephone number where they can be reached.

### **Graduation Requirements**

To be eligible for graduation from this program, the student must meet the following criteria:

- All financial obligations must be met.
- All hospital education obligations (CBTs) must be met.
- Successful completion of all didactic courses.
- Successful completion of all clinical assignments.

- Successful completion of all required clinical competency procedures.
- Successful completion of all course exit/Capstone examinations.
- Participation in annual ALSRT Student activities.
- Attendance at the graduation ceremonies.
- Through didactic education and clinical practice, the student will demonstrate the competencies and characteristics listed below.

### Capstone Graduation Requirement

1. Students are required to participate in the capstone examinations and course review in order to fulfill the requirements for RAD 700 and 800.
2. In order to successfully complete these two courses and meet the graduation requirement, each student **must score a 75 or higher** on a faculty assigned capstone exam and score at least a 75 in courses RAD 700 and 800.
3. The capstone courses and evaluations are aligned with the ARRT/ASRT content specifications.

Section 1: Patient Care  
Patient Interactions and Management

Section 2: Safety  
Radiation Physics & Radiobiology  
Radiation Protection

Section 3: Image Production  
Image Acquisition & Technical Evaluation  
Equipment Operation & Quality Assurance

Section 4: Procedures  
Head, Spine & Pelvis Procedures  
Thorax and Abdomen Procedures  
Extremity Procedures

Students who fail to successfully pass (75 or higher) at least one capstone exam during RAD 700 and 800 will be considered as not having met all the program graduation requirements. In addition, all students must attain the grade of “C” or better for RAD 700 and 800 to satisfy all graduation requirements. Students have until the day prior to the scheduled day of graduation to meet this requirement in order to graduate with their class. Students who do not meet the requirement prior to the day of graduation, will have until the end of the final quarter of the program to successfully meet the requirement but

will be ineligible to graduate with their class. In any event, those students who do not meet the requirement by the end of the final quarter of the program will have their graduation date adjusted to reflect the date the requirement is satisfied.

### **Competencies Necessary for Graduation**

Each academic course and clinical assignment of this program is designed to provide the student with the necessary skills to meet the requirements of working in diagnostic radiology at the entry level. Each course syllabi contains competencies and objectives as outlined by the American Society of Radiologic Technologists (ASRT), American Registry of Radiologic Technologists (ARRT), and the Private School Licensure Division of the Alabama Community College System. Syllabi are made available to students at the beginning of each quarter, but may be obtained in PD's office or the office of the School Agent.

### **Learning Outcomes for the Student Technologist**

As a student technologist, in an effort to become an entry-level technologist and health care professional, it is your responsibility to:

1. Maintain and protect confidentiality of patient information (HIPPA) at all times and honor confidentiality of others when appropriate. Respect patient, department, and facility confidentiality in all areas.
2. Display interpersonal behavior and appearance, to demonstrate respect for self, the Program, and the profession.
3. Treat all patients and staff the same regardless of race, religion and ethnic background or socioeconomic level. Recognize and respect others – value differences.
4. Acquire competency and proficiency in radiologic procedures. Take initiative and be proactive in seeking out exams and experiences for your level of competence with the support of your supervising technologist(s).
5. Be knowledgeable, responsible, accountable and involved (promote and demonstrate teamwork). Demonstrate initiative and a willingness to work as part of the Medical Imaging team.
6. Anticipate the needs of others and respond promptly and appropriately. Display positive, caring behavior toward everyone.

7. Seek help from your technologist(s) to assist you in achieving your learning outcomes and satisfactorily complete your clinical assignments. Be open to suggestions & constructive criticism.
8. Reflect on your progress to increase self-awareness, confidence and competence.
9. Complete objectives for each clinical education course, which can be found in the course syllabi distributed at the beginning of each semester.
10. Develop and practice safe habits associated with equipment and accessories in accordance with accepted equipment use.
11. Employ techniques and procedures in accordance with standards in radiation protection practices to minimize exposure to patient, selves and others. Always practice the ALARA principles and *Image Gently*.
12. Acquire professional values and develop appreciation for life-long learning so that you may function in the future as a knowledgeable technologist.

**Malpractice Insurance**

Each student is covered with personal liability insurance at all clinical education facilities while enrolled in the program. Liability insurance is provided by DCH at no cost to the student.

**Minimum Competency Requirements for each Quarter**

The number of competencies to be performed each quarter is as follows:

| <b>Quarter</b> | <b>Minimum Number of Required Competencies</b>    |
|----------------|---------------------------------------------------|
| 1              | 2 (optional)                                      |
| 2              | 10 or 12                                          |
| 3              | 10                                                |
| 4              | 12                                                |
|                | <b>*34 total</b>                                  |
| 5              | 20 comps / recomps                                |
| 6              | 20 comps / recomps                                |
| 7              | Comps/recomps must be completed by end of quarter |
| 8              | Competency evaluation for ARRT requirements       |

|                      |                                                                     |
|----------------------|---------------------------------------------------------------------|
| <b>Total</b>         | <b>100% of comps (total of 72)<br/>80% of recomps (total of 58)</b> |
| <b>Overall Total</b> | <b>Required Competencies = 130</b>                                  |

Although the minimum number of required competencies each quarter varies, students are encouraged to complete as many as they are qualified to perform to ensure that the total number of required competencies are achieved by the end of the quarters. The competencies performed may be from any category in which the student has successfully completed the laboratory evaluation. As previously stated, competencies cannot be performed until successfully completed in the laboratory.

### **Objectives for Non-traditional Hours**

Students may be scheduled to perform clinical rotations on all shifts. The intent is to provide additional clinical education opportunities in performing trauma radiography during real-world work situations. It is not an attempt to supplement staffing needs or shortages. Students must use Trajecsys to sign in and out during these rotations. **Failure to sign in or out will result in not receiving credit for the rotation. These are mandatory clinical education rotations and must be completed prior to being eligible for graduation. Only a physician's excuse will be accepted for an absence or call-in. All absences must be made up within one week of the scheduled assignment.**

Students are expected to report to the assigned clinical education site at the assigned time and remain until the assigned release time. Assigned times for the above shifts may not be changed by anyone other than the program director or the clinical coordinator. Violations of this policy will result in disciplinary action as outlined in this handbook. **Changes to this policy must be approved by the Program Director.**

### **Objectives**

Upon completion of clinical assignments, the student will be able to:

1. Identify procedures related to trauma radiography.
2. Experience a higher volume and frequency of critical, emergent-needs patients requiring technical problem solving and critical thinking skills.
3. Demonstrate routine and non-routine imaging procedures related to trauma radiography.
4. Use problem solving and critical thinking skills in the performance of routine and non-routine imaging procedures related to trauma radiography.
5. Complete mandatory and elective clinical education competencies related to routine and non-routine imaging procedures for trauma radiography.



6. Demonstrate the ability to work and communicate with other health care professionals in the treatment of trauma patients.
7. Demonstrate the ability to perform under abnormal stress and high intensity situations.
8. Under the supervision of a qualified technologist R.T. (R) (ARRT), demonstrate independent decision-making related to the performance of radiographic procedures on trauma patients.

Weekend 3 - 11 shift is usually when the best clinical experiences are available for the student. The goals for this rotation are:

1. To practice good patient care in trauma cases.
2. To become aware of the emotions involved in severe trauma cases.
3. To gain an understanding of the death and dying situation.
4. To learn variations in procedures for severe trauma cases.
5. To become acquainted with a different type of radiography practice, a different type of work atmosphere from the 'normal' shift.
6. To learn how to prioritize the work schedule.
7. To be given a more active role in trauma alerts.
8. To be able to see R.T. role change from 7 - 3 shift.
9. To practice modification of exams.

The 11 - 7 shift will give the student experience in a rotation very different than any other. On this shift the staff consists of three Diagnostic technologists and two CT technologists. They work out of the Radiology Department in the Emergency Department and must cover the entire hospital for any exams that are needed on this shift including portables and surgery. The technologists must work together and then be fairly fast. Students may use this shift for make-up time. This experience gives the student enough exposure for them to determine if this is the shift they would like to work after graduation. The goals for this rotation are:

1. To determine the role a technologist has on this shift.
2. To learn the importance of speed.
3. To learn the importance of teamwork.
4. To practice trauma skills.

### **Personal Radiation Monitoring Devices**

**Radiation badges for DCH shall not be worn at outside facilities.**

I. **Exchange Policy**

Students are responsible for swapping their monitoring badge by the 10<sup>th</sup> day of each month so it can be interpreted for exposure. Personal monitors will be swapped at a specified location at the radiology front desk by the 10<sup>th</sup> of each month.

II. **General Policy**

Each student is responsible for learning the principles of Radiation Protection and being knowledgeable of the DCH Radiation Safety Guidelines as published on the Imaging intranet so as to protect themselves as well as the patient, co-workers and other hospital personnel.

Each student is also responsible for wearing their radiation-monitoring device in the clinical area and during laboratory classes. No student will be allowed in the clinic area or the laboratory without a properly worn and dated monitoring device. It is the student's responsibility to ensure that their film badge is properly maintained.

III. **Violation of the Policy**

Students who do not swap their monitor badge by the 10<sup>th</sup> day of each month will receive a **10-point deduction** in their final clinical quarter grade. Habitual tardiness with this policy can result in dismissal from the program.

**Portable & Surgical Radiography**

Students will be assigned to perform mobile and surgical radiographic procedures (portables). Portable and surgical procedures **WILL ALWAYS** be performed under the **direct supervision of a qualified technologist**. When performing these procedures, the student must:

1. Utilize rules of body mechanics.
2. Use proper radiation safety.
  - a. provide protection for patients and others.
  - b. utilize distance as protection for the radiographer.
3. Choose exposure factors appropriate for the examination and patient measurement.
4. Follow proper safety rules to prevent electrical hazards.
5. Follow established procedures to prevent the spread of infection and disease.
6. Operate all equipment efficiently and safely.
7. Return all mobile equipment to its proper storage site and ensure proper re-charging.

## Radiation Protection Practices

1. Students are required to practice proper radiation safety. At no time may a student participate in a procedure utilizing unsafe radiation protection practices.
2. Students **WILL NOT** hold patients or imaging receptors during **ANY** radiographic procedure.
3. Students will **ALWAYS** wear personal radiation monitors, i.e. film badges in the clinical education center and in all laboratory classes.
4. Students will **ALWAYS** wear one radiation monitor at the collar level. Declared pregnant female students will also wear a second monitor at the waist level.
5. The collar monitor is worn outside the lead apron; the waist badge (fetal monitor) is worn under the lead apron.
6. Students will **ALWAYS** remove personal radiation monitors from the radiographic room. Leaving these in the exposure room will result in improper exposure readings on the badge.
7. Students **WILL NOT** remain in the radiographic room without proper protective attire and radiation monitoring device while an exposure is being made.
8. Students will **ALWAYS** remove personal radiation monitors whenever having diagnostic medical or dental radiographs performed.
9. Students will **ALWAYS** wear lead aprons and maintain a proper distance when performing mobile radiographic procedures.
10. Students will **ALWAYS** stand behind the fixed lead barrier when making a radiographic exposure.
11. Students will **ALWAYS** maximize the use of collimation.
12. Students will **ALWAYS** close the door of the room when making a radiographic exposure.
13. All personal radiation-monitoring badges will be returned to the badge control area at the end of each month per department policy.

14. Lost monitors must be reported to Program Faculty *immediately*. A written and signed statement must be submitted by the student so as to be placed in the student's permanent personal school file.
15. Radiation protection of the patient is the responsibility of the student and the supervising technologist.

Exposure reports are reviewed by the DCH Radiation Safety Officer (RSO). Reviewed personal exposure readings will then be kept on file in the PD's office. Students are asked to review and sign monitor reports. Student dosimetry reports must not exceed 25 mrem (.25 mSv) per calendar quarter.

Excessive exposure outcomes will be reviewed for inappropriate use and/or conduct, in which the student may be restricted in clinical activities.

For the complete Radiation Safety Policy, occupational radiation exposure levels, NRC occupational dose limits as well as policy and procedures regarding overexposure and limits please refer to the Radiation Safety Policy located on the DCH Imaging intranet page.

#### **Re-Comping of Competency Requirements**

Beginning in the 5<sup>th</sup> quarter (or 2<sup>nd</sup> year), students can start recomping exams. 80% of the exams listed on competency records must be recomped before graduation. The procedure to follow is the same as for other competencies.

#### **Simulations of Competencies**

In the event certain exams or competencies are not comped or completed, you may be allowed to simulate. Students will be allowed to simulate once the CC has set a range of dates for simulations to begin. It is the student's responsibility to arrange a simulation appointment with the CC. Students are allowed to simulate exams, as deemed necessary by the CC.

When performing the positioning portion of the procedure, the student is responsible for following the same procedure for the simulation as is required on an actual patient or during a lab practical. This means another student will be positioned as would the actual patient. Simulations *may* be performed on the mannequin and will employ ionizing radiation. Simulations can only be performed under the direct supervision of a faculty member. Simulations are evaluated using the same criteria for regular competencies. The simulation may be repeated until the grading instructor deems the student competent. This may necessitate rescheduling of the simulation. The instructor may choose to reschedule to allow the student more study/practice before the next attempt. Simulations will be timed and must be completed in the allotted time. Failure to appear and perform the simulation will result in a deduction of 10 points from the overall clinical grade for the particular quarter.

## Standard Terminology

- ❖ Radiographic View
  - Describes the body part as seen by the image receptor or other recording medium, such as a fluoroscopic screen. Restricted to the discussion of a *radiograph* or *image*.
  
- ❖ Radiographic Position
  - Refers to a specific body position, such as supine, prone, recumbent, erect or Trendelenburg. Restricted to the discussion of the *patient's physical position*.
  
- ❖ Radiographic Projection
  - Restricted to the discussion of the *path of the central ray*.
  
- ❖ Positioning Terminology
  - A. Lying Down
    - a. Supine - lying on the back
    - b. Prone – lying face downward
    - c. Decubitus – lying down with a horizontal x-ray beam
    - d. Recumbent – lying down in any position
  - B. Erect or Upright
    - a. Anterior position – facing the image receptor
    - b. Posterior position – facing the radiographic tube
  - C. Either Upright or Recumbent
    - a. Oblique torso positions
      - i. Anterior oblique – facing the image receptor
        - 1. Left anterior oblique (LAO) – body rotated with the left anterior portion closest to the image receptor
        - 2. Right anterior oblique (RAO) – body rotated with the right anterior portion closest to the image receptor
      - ii. Posterior oblique – facing the radiographic tube
        - 1. Left posterior oblique (LPO) – body rotated with the left posterior portion closest to the image receptor
        - 2. Right posterior oblique (RPO) – body rotated with the right posterior portion closest to the image receptor
    - b. Oblique extremity positions
      - i. Lateral (external) rotation – from either prone or supine, outward rotation of the extremity
      - ii. Medial (internal) rotation – from either prone or supine, inward rotation of the extremity

## ❖ Trauma

Trauma is considered a serious injury or shock to the body and requires modifications in positioning and monitoring of the patients' condition.

## Trajecsys

Trajecsys Report System™ is a record tracking system. This system permits the Program to monitor, collect and store data regarding student performance in the academic and clinical setting.

There are a few basic activities that students will perform in Trajecsys using the following menu items:

1. **Clock in/Out** – Students will clock in each day at their clinical site and clock out at the end of their shift. NOTE: This also may be done on the student's smartphone **ONLY WITH INSTRUCTOR APPROVAL**. Use of smartphone without approval to clock in/out will result in documentation of a tardy. Use phone browser to go to Trajecsys.com, log in, then select Clock in/Out menu item. Phone screen will ask to share location with Trajecsys; click OK. Scroll down and select clinical site from dropdown; then click the clock in button toward the bottom of the screen.
2. **Time Exception** – Students will file a time exception if they did not clock in or out for some reason; typically, students use the clock in/out menu item. However, if they forget, they must file a time exception for each missing clock record. If a student forgot to clock in AND out on the same day, the student must file two time exceptions – one for each missing clock record. If filing a time exception on a day that the student was absent, only one-time exception is needed if "Absent" is selected as the reason.
3. **Daily Log sheets** – Students will complete the items on the daily log sheets page; select the date, clinical site, supervising employee (if not in list, click New and add full first and last names, then click Add). Click Add Log sheet to select major study, procedure and other requested items. If Key Field is listed, ask program leader what to use for the key field.
4. **Reports** – Students may access their time summary; skill summary (compilation of all log sheet entries and linked comp exam results; click comp date hyperlink to view item-by-item results); and evaluation results other than comps (use either the Evaluation Summaries or Completed Evals/Forms for evaluation results – same info in different formats). When a school uses comp types, students may review specific comp exam results in their Skill Summary by scrolling over the green Comp Types button in the light gray bar at the top. They will uncheck the comp results they don't wish to view, then click the Apply button at the right in the top gray bar. The results for the comp type they selected will be shown in the Comps column. If you don't see a comp type button, your program is not using comp types.

5. **Evaluations** – This menu item is used for evaluations that students will complete. (Note: not all programs will have this menu item.)

There is a User Guide linked on the left menu for more information. Also, if you have trouble logging into Trajecsys or are required to change your password each time, that usually means you are trying to log in with an incorrect user name. Please click “forgot” on the log-in page and enter your e-mail address and an email will be sent to you with your user name and password.

### **Use of the Clinical Competency Evaluation Form**

Each quarter, the student will be graded on a minimum number of designated examinations completed unassisted. For all examinations required for clinical competency, the student will have been tested and practiced the examination in the laboratory during a previous quarter or during the concurrent quarter.

In the clinical setting, a student who wishes to perform a competency exam **must** have passed the laboratory session on the procedure.

If the student meets the criteria above, then s/he will initiate a competency evaluation. The student shall perform the procedure, process the images and have each projection evaluated using the clinical competency evaluation form. The evaluator must review the images with the student present and appropriately complete the clinical competency evaluation form.

An example of the clinical competency evaluation form can be found on the following pages. During a competency procedure, the student will be evaluated on a maximum of nine (9) categories. Each category contains several tasks with an *Excellent, Adequate, Inadequate or N/A* box preceding it.

**Note:** Incorrectly identifying the side or part (right or left) being radiographed or the lack of proper patient identification (category 2) when performing a competency examination will result in a failed exam. This can easily be avoided by paying close attention to your work and performing a two patient identifier check. A radiograph that is not properly marked (right or left) or does not correctly identify the patient is not a legal radiograph and can lead to legal problems for both the student and the medical facility.

The clinical competency evaluation form is very important and when used properly can give a measure of a student’s ability to adequately produce diagnostic radiographs of a specific anatomical part. Utilizing the form, one can quickly identify a student’s problem area(s). At the end of any given period, the program will have documented the student’s ability to obtain various diagnostic radiographs.

### **Use of the Rotation Evaluation**

The rotation evaluation form is intended to be used by the clinical instructor. This evaluation form will be completed by the CI at the end of each clinical rotation. It is the responsibility of the student to supply the form to the CI before the last day of their assignment. The completed forms will be used by the CC in the calculation of the student's clinical grade.

Since performance and personal characteristics are important for success, the rotation evaluation form along with the clinical competency evaluation form is a means of early recognition and correction of possible problems. The student must possess the skills required to work with other members of the health care team as well as patients while maintaining a positive attitude toward his/her education and job performance. This form is designed to help the student recognize whether s/he is developing or has developed these skills. An example of these forms can be found on the following pages.



# Accreditation, Ethics, Licensure & Certifications



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THE AMERICAN REGISTRY  
OF RADIOLOGIC  
TECHNOLOGISTS®

The American Registry of Radiologic Technologists (ARRT) is the world's largest organization offering credentials in medical imaging, interventional procedures, and radiation therapy. We certify and register technologists in a range of disciplines by overseeing and administering education, ethics, and examination requirements.

### **Certification and Registration**

Certification and registration is the recognition of an individual who satisfies certain standards within a profession. Employers, state licensing agencies, and federal regulators look at the ARRT credential as an indication that a person has met a recognized national standard for medical imaging, interventional procedures, and radiation therapy professionals.

Candidates for ARRT certification and registration must meet basic education, ethics, and examination requirements to become eligible.

### **Content Specifications**

The following table presents the four major content categories covered on the examination, and indicates the number of test questions in each category. The remaining pages list the specific topics addressed within each category, with the approximate number of test questions allocated to each topic appearing in parentheses.

Every content category can be linked to one or more activities on the task inventory. The complete content specification along with outline is available at [www.arrt.org](http://www.arrt.org).

| <i>Content Category</i>                    | <i>Number of<br/>Scored Questions</i> |
|--------------------------------------------|---------------------------------------|
| <b>Patient Care</b>                        | 33                                    |
| Patient Interactions and Management        |                                       |
| <b>Safety</b>                              | 53                                    |
| Radiation Physics and Radiobiology         |                                       |
| Radiation Protection                       |                                       |
| <b>Image Production</b>                    | 50                                    |
| Image Acquisition and Technical Evaluation |                                       |
| Equipment Operation and Quality Assurance  |                                       |
| <b>Procedures</b>                          | 64                                    |
| Head, Spine and Pelvis Procedures          |                                       |
| Thorax and Abdomen Procedures              |                                       |
| Extremity Procedures                       |                                       |

### **Education Requirements**

As part of their education, candidates must demonstrate competency in didactic coursework and an ARRT-specified list of clinical procedures by completing competency requirements established for the discipline in which they are seeking certification and registration.

Candidates must have successfully completed a radiography educational program that is accredited by a mechanism acceptable to the ARRT.

### **Ethics Requirements**

Every candidate, according to ARRT governing documents, must "be a person of good moral character and must not have engaged in conduct that is inconsistent with the ARRT Rules of Ethics," and they must "agree to comply with the [ARRT Rules and Regulations](#) and the [ARRT Standards of Ethics](#)." ARRT investigates all potential violations in order to determine eligibility.

Issues addressed by the Rules of Ethics include convictions, criminal procedures, or military courts-martial as described below:

- Felony;
- Misdemeanor;
- Criminal procedures resulting in a plea of guilty or nolo contendere (no contest), a verdict of guilty, withheld or deferred adjudication, suspended or stay of sentence, or pre-trial diversion.

Juvenile convictions processed in juvenile court and minor traffic citations not involving drugs or alcohol do *not* need to be reported.

Additionally, candidates for certification and registration are required to disclose whether they have ever had any license, registration, or certification subjected to discipline by a regulatory authority or certification board (other than ARRT), as well as any honor code violations that may have occurred while they attended school.

If it is found a candidate has had the above listed infractions, the candidate may complete a [pre-application](#) to determine their ethics eligibility prior during their educational program.

Beginning January 1, 2017, R.T.s will be required to notify ARRT of any potential ethics violation within 30 days of the occurrence or during their annual renewal of certification and registration, whichever comes first.

### **Exam Requirements**

Upon successful completion of the accredited Radiography Program, the student is eligible to take the national certification examination given by the American Registry of Radiologic

Technologists (ARRT). A minimum score of 75 is required to pass the exam. As in any of the health related careers, it is advisable to be credentialed in your profession. Failure to become a Registered Radiologic Technologist may make it very difficult to become employed and may hinder your career opportunities. The ARRT examinations are administered by Pearson VUE, the electronic testing business of Pearson Education.

The [Radiography Content Specifications](#) provide an outline of the topics covered in the exam. Since ARRT uses many references to build its exams, it does not provide specific lists of study materials or textbooks, nor does it recommend or endorse any review programs, mock registries, or study guides.

Candidates are allowed three attempts to pass an exam, and they must complete the [three attempts within a three-year period](#) that begins with the initial ARRT examination window start date.

Applications for primary pathway candidates are obtained through individual program directors. Certification and registration handbooks are available online.

Find out more about ARRT's Rules and Regulations, ARRT's standards of Ethics, Continuing Education Requirements, and Continuing Qualifications Requirements (CQR), exams, exam format, exam length, test centers, testing accommodations at [www.arrt.org](http://www.arrt.org).

### **Task Inventory**

An itemized list of tasks, specific activities, or competencies are required to demonstrate competency for the entry level position of a Radiologic Technologist. This task inventory addresses the categories outlined in the content specifications, such as Patient Care, Safety, and Image Production and Procedures. The complete task inventory is available at [www.arrt.org](http://www.arrt.org).

### **Task Inventory and Content Specifications for Radiography**

Since certification examinations are required to be practice related, ARRT periodically conducts a job analysis to make certain that the certification examination content specifications and the clinical requirements remain comprehensive, accurate and fair. ARRT, with the help of the professional community, reviews the certification documents every three years.



The Joint Review Committee on Education in Radiologic Technology (JRCERT) promotes excellence in education and elevates the quality and safety of patient care through the accreditation of educational programs in radiography, radiation therapy, magnetic resonance, and medical dosimetry.

### **Clinical Supervision of Students**

Supervision of students may be direct or indirect. The type of supervision is determined by the progress of the assigned student. Direct and indirect supervision are defined as follows:

**Direct Supervision** – the supervising technologist is present in the radiographic room when the student is performing a Radiologic examination. The supervising technologist is responsible for assisting the student and assuring proper procedures are followed.

**Indirect Supervision** – the student performs examinations without the presence of a technologist in the radiographic room. This type of supervision requires that a qualified technologist be **immediately available** to assist the student if necessary. Immediately available is defined as being in the adjacent room or within earshot of the student. Only those students that have proven competency in the exam will be allowed indirect supervision.

**Mobile radiography** (portables) will be performed under direct supervision at all times. Students are not allowed to perform mobile radiography without a qualified technologist to supervise.

### **Program Complaint Resolution**

The program recognizes the rights of students and prospective students in assuring timely and appropriate resolution of complaints and other allegations regarding non-compliance with the JRCERT *STANDARDS*. Copies of the Standards for an Accredited Educational Program in Radiologic Sciences, and published by the Joint Review Committee on Education in Radiologic Technology (JRCERT) located at 20 North Wacker Drive, Suite 2850, Chicago, IL 60606-2901; are available in this handbook. To that end, all such complaints should be made through due process policy through the following channels.

The JRCERT states “Before submitting allegations, the individual must first attempt to resolve the complaint directly with program/institution officials by following the due process or grievance procedures provided by the program/institution. Each program/institution is required to publish its internal complaint procedure in an informational document such as a catalog or student

handbook. If the individual is unable to resolve the complaint with program/institution officials or believes that the concerns have not been properly addressed, he or she may submit allegations of non-compliance to the JRCERT.”

### **Standards of an Accredited Program in Radiography**

The Joint Review Committee on Education in Radiologic Technology (JRCERT) **Standards for an Accredited Educational Program in Radiography** are designed to promote academic excellence, patient safety, and quality healthcare. The **STANDARDS** require a program to articulate its purposes; to demonstrate that it has adequate human, physical, and financial resources effectively organized for the accomplishment of its purposes; to document its effectiveness in accomplishing these purposes; and to provide assurance that it can continue to meet accreditation standards.

#### **Standard One: *Accountability, Fair Practices, and Public Information***

The sponsoring institution and program promote accountability and fair practices in relation to students, faculty, and the public. Policies and procedures of the sponsoring institution and program must support the rights of students and faculty, be well-defined, written, and readily available.

#### **Objectives:**

- 1.1 The sponsoring institution and program provide students, faculty, and the public with policies, procedures, and relevant information. Policies and procedures must be fair, equitably applied, and readily available.
- 1.2 The sponsoring institution and program have faculty recruitment and employment practices that are nondiscriminatory.
- 1.3 The sponsoring institution and program have student recruitment and admission practices that are nondiscriminatory and consistent with published policies.
- 1.4 The program assures the confidentiality of student educational records.
- 1.5 The program assures that students and faculty are made aware of the JRCERT Standards for an Accredited Educational Program in Radiography and the avenue to pursue allegations of noncompliance with the Standards.
- 1.6 The program publishes program effectiveness data (credentialing examination pass rate, job placement rate, and program completion rate) on an annual basis.
- 1.7 The sponsoring institution and program comply with the requirements to achieve and maintain JRCERT accreditation.

**Standard Two: *Institutional Commitment and Resources***

The sponsoring institution demonstrates a sound financial commitment to the program by assuring sufficient academic, fiscal, personnel, and physical resources to achieve the program's mission.

**Objectives:**

- 2.1 The sponsoring institution provides appropriate administrative support and demonstrates a sound financial commitment to the program.
- 2.2 The sponsoring institution provides the program with the physical resources needed to support the achievement of the program's mission.
- 2.3 The sponsoring institution provides student resources.
- 2.4 The sponsoring institution and program maintain compliance with United States Department of Education (USDE) Title IV financial aid policies and procedures, if the JRCERT serves as gatekeeper.

**Standard Three: *Faculty and Staff***

The sponsoring institution provides the program adequate and qualified faculty that enable the program to meet its mission and promote student learning.

**Objectives:**

- 3.1 The sponsoring institution provides an adequate number of faculty to meet all educational, accreditation, and administrative requirements.
- 3.2 The sponsoring institution and program assure that all faculty and staff possess the academic and professional qualifications appropriate for their assignments.
- 3.3 The sponsoring institution and program assure the responsibilities of faculty and clinical staff are delineated and performed.
- 3.4 The sponsoring institution and program assure program faculty performance is evaluated and results are shared regularly to assure responsibilities are performed.
- 3.5 The sponsoring institution and/or program provide faculty with opportunities for continued professional development.



**Standard Four: *Curriculum and Academic Practices***

The program's curriculum and academic practices prepare students for professional practice.

**Objectives:**

- 4.1 The program has a mission statement that defines its purpose.
- 4.2 The program provides a well-structured curriculum that prepares students to practice in the professional discipline.
- 4.3 All clinical settings must be recognized by the JRCERT.
- 4.4 The program provides timely, equitable, and educationally valid clinical experiences for all students.
- 4.5 The program provides learning opportunities in advanced imaging and/or therapeutic technologies.
- 4.6 The program assures an appropriate relationship between program length and the subject matter taught for the terminal award offered.
- 4.7 The program measures didactic, laboratory, and clinical courses in clock hours and/or credit hours through the use of a consistent formula.
- 4.8 The program provides timely and supportive academic and clinical advisement to students enrolled in the program.
- 4.9 The program has procedures for maintaining the integrity of distance education courses.

**Standard Five: *Health and Safety***

The sponsoring institution and program have policies and procedures that promote the health, safety, and optimal use of radiation for students, patients, and the public.

**Objectives:**

- 5.1 The program assures the radiation safety of students through the implementation of published policies and procedures.
- 5.2 The program assures each energized laboratory is in compliance with applicable state and/or federal radiation safety laws.

- 5.3 The program assures that students employ proper safety practices.
- 5.4 The program assures that medical imaging procedures are performed under the appropriate supervision of a qualified radiographer.
- 5.5 The sponsoring institution and/or program have policies and procedures that safeguard the health and safety of students.

**Standard Six: *Programmatic Effectiveness and Assessment***

Using Data for Sustained Improvement

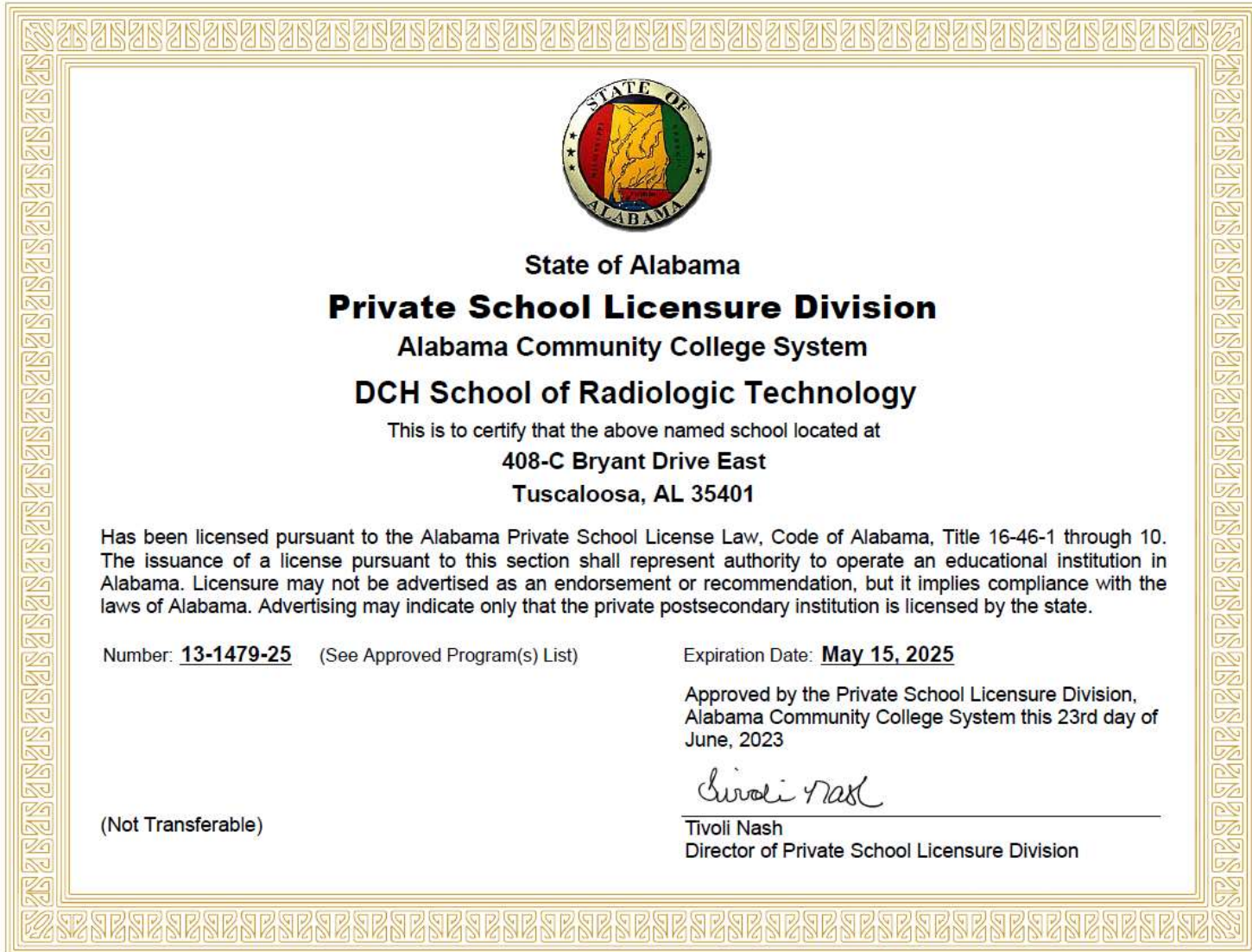
The extent of a program's effectiveness is linked to the ability to meet its mission, goals, and student learning outcomes. A systematic, ongoing assessment process provides credible evidence that enables analysis and critical discussions to foster ongoing program improvement.

**Objectives:**

- 6.1 The program maintains the following program effectiveness data:
  - five-year average credentialing examination pass rate of not less than 75 percent at first attempt within six months of graduation,
  - five-year average job placement rate of not less than 75 percent within twelve months of graduation, and
  - annual program completion rate.
- 6.2 The program analyzes and shares its program effectiveness data to facilitate ongoing program improvement.
- 6.3 The program has a systematic assessment plan that facilitates ongoing program improvement.
- 6.4 The program analyzes and shares student learning outcome data to facilitate ongoing program improvement.
- 6.5 The program periodically reevaluates its assessment process to assure continuous program improvement.

DCH School of Radiologic Technology is licensed by the Alabama Community College System. The Private School Licensure Division of the Alabama Community College System issues Private School licenses to proprietary postsecondary schools interested in offering courses of instruction, whether on a resident campus or through distance learning, within the State of Alabama; based on recognized educational Standards and practices.

More information may be found at: <https://psl.asc.edu/external/viewapproved.aspx>.





## Codes, Policies & Forms



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## DCH Health System Emergency Codes

In the event of a disaster, or the possibility of one, an announcement on the hospital PA system will alert personnel. This alert will be relayed throughout the hospital.

|                             |                                            |
|-----------------------------|--------------------------------------------|
| <b>CODE RED</b>             | <b>Fire</b>                                |
| <b>CODE STRONG</b>          | <b>Show of force</b>                       |
| <b>CODE BLUE</b>            | <b>Medical Emergency</b>                   |
| <b>CODE PURPLE</b>          | <b>Child Medical Emergency</b>             |
| <b>CODE PINK</b>            | <b>Infant / Child Abduction</b>            |
| <b>CODE GREY</b>            | <b>Severe Weather</b>                      |
| <b>CODE YELLOW (Alert)</b>  | <b>Emergency Plan is to be implemented</b> |
| <b>CODE YELLOW (Active)</b> | <b>Emergency Plan is implemented</b>       |
| <b>CODE SILVER</b>          | <b>Active Shooter</b>                      |
| <b>CODE WHITE</b>           | <b>Facility Lock Down</b>                  |
| <b>CODE WALKER</b>          | <b>Missing patient</b>                     |
| <b>CODE (name of code)</b>  | <b>All clear, three times</b>              |

### **Bomb Threat**

Keep person on line and get as much information as possible. Listen for background noise and remain calm. After hanging up, call hospital operator or security by dialing "22". Ensure that building is evacuated immediately. Do not re-enter building until proper authorities give an all clear.

### **Code Blue / Cardiac Arrest**

Dial "22" or 911 on nearest phone.

### **Fire**

Assess the situation. Remove anyone from immediate danger; close all doors and windows. Announce FIRE so all occupants can hear you. Dial "22" from the nearest phone. Give the operator the exact location and area of the fire. Extinguish and contain the fire, **if possible**. Use nearest exit from the building. Wait for all clear from fire department before re-entering the building.

### **Hazardous Chemical Exposure**

#### **If you believe you have been exposed:**

1. Notify your supervisor/instructor immediately.
2. Report to the Emergency Room with Variance Report (including name of product).
3. Get treatment as necessary.



4. Contact Environmental Services if there is a Hazardous chemical/waste or mercury spill.

### **Right to Know**

Employees and students have a right to know about any hazardous materials in their workplace or environment. Safety Data Sheets (SDS) contains information related to safe practices when working with hazardous materials. If hazardous materials are kept in your workplace or environment, SDS is available for your review at any time.

### **SDS Book**

The SDS book contains the Safety Data Sheets on all chemicals that can be found at DCH. It is located on the intranet page.

1. Hazards of chemicals used in the workplace.
2. Prevention and Protection methods.
3. Emergency and First Aid procedures.
4. PPE and Disposal methods.
5. Physical properties of the product, and
6. Product name and manufacturer.

### **Tornado Warning**

If a tornado is sighted in the area, move to the center of a room with no windows or assemble in the hallway. Stay away from doors and windows. Cover yourself with any material that will help protect you. Get under desk or table to protect from possible falling debris. Do not exit the building until all danger has ended.

### **Utilities outage at the hospital**

#### **Electrical**

Emergency generators power red receptacles. Emergency lights are located over stairwell.

#### **Telephone**

Use only Power Fail Numbers.

#### **Medical Gases**

Utilize portable tanks available from Respiratory Therapy.

## Disaster Plan

### I. PURPOSE

To ensure that our students are prepared in case of an emergency or disaster either outside of the hospital or internally.

### II. POLICY

#### A. Contacts:

|               |           |                    |
|---------------|-----------|--------------------|
| Deborah Shell | Ext 6009  | Cell: 662-523-5214 |
| Jackie Jones  | Ext. 5434 | Cell: 334-663-9690 |

#### B. External Disaster

In the event of an external disaster, the Director or the alternate manager will report to the Administrative Command Center (ACC) located in the Risk Management Conference Room, where the ACC coordinator will apprise them of the status and extent of the disaster. The Radiology Coordinator will report to the ACC coordinator, the status of Radiology resources. The radiology coordinator will take the following steps based on the severity of the disaster:

1. Notify the radiologist on duty that a disaster code has been called.
2. Calling in additional personnel as needed.
3. Checking supplies and obtain additional items as needed.
4. Assign a supervisor to the ED x-ray hallway to triage the patients, determine whether a patient should be left to be done in the ED or be transported to second floor, depending on the patient's condition and time needed to perform the procedures, with patients in critical condition having priority on ED x-ray units.
5. Assign transporters or students to the ED x-ray area to transport patients to the department, if the ED does not have adequate coverage.
6. Assign technical personnel to the most advantageous areas for their training and for the needs of the type patients we are to receive, i.e. extra portables teams, surgery, etc.

7. Assign a floor supervisor to route patients to receiving area, route patients to radiology rooms and out of the department.
8. If the power to the hospital is interrupted, reassign personnel to areas which have emergency power.
9. PACS is on emergency power. The PACS supervisor on call should be notified if there are any power problems.
10. Transcription supervisor will be notified to assist with patient reports and distribution.

C. Internal Disaster

When a disaster situation occurs where the hospital building itself is involved, check the status of the equipment to see what, if any, damage has occurred. Assess equipment usage and implement the disaster plan to the extent possible for available equipment and supplies.

1. Notify the radiologist on duty of the internal disaster.
2. DCH has seven (7) radiographic rooms; ED I, ED II & ED III, Dept I & Dept 2 and Angio, and two (2) ED trauma bays on emergency power. The inpatient CT II and ED CT are also on emergency power, but not the air conditioner, so their service time will be limited.
3. DCH has two (2) radiology receiving areas; ED & 2 South, with emergency power receptacles.
4. Portable diagnostic machines are battery operated and may be used any place needed as long as their charge holds.

III. DATES

|                          |                       |
|--------------------------|-----------------------|
| Original: 1994           | Revised: 2001         |
| Reviewed: Sept 2003      | Reviewed: Sept 2004   |
| Reviewed: Jan 2007       | Reviewed: August 2014 |
| Reviewed: Feb 2015       | Reviewed: May 2020    |
| Reviewed: September 2022 | Reviewed: June 2023   |

## Policies and Procedures that Pertain to the Rad Tech Program

### DCH Regional Medical Center School of Radiologic Technology Access to Information

---

#### **Purpose of Policy:**

The purpose of this policy is to set forth the guidelines pursuant to which users may access patient information in whatever medium it may exist.

#### **Principle of Policy:**

DCH Health System develops stores, maintains and releases patient information for the treatment of patients and the management and payment of their accounts and for Health System operations. Such information must only be accessed by those with a need to know the information and only to the extent that is minimally necessary.

#### **Applicability of Policy:**

This policy applies to any user who must access patient information that is developed, stored, maintained, or released by DCH Health System in order to do his/her job or to discharge his/her obligations to DCH and/or his/her patients.

#### **Responsibility for Compliance with Policy:**

The Privacy Officer, Data Security Officer, and the Vice President for Medical Affairs are responsible for compliance with this policy.

#### **Policy:**

1. Only users who have executed a DCH Health System Confidentiality Acknowledgement & Agreement Form ("Acknowledgement") shall be granted access to any patient information. An Acknowledgement must be signed at the beginning of user's association with the Health System and acknowledged at least annually thereafter.
2. Access to patient information shall only be granted to those users who have a **need** to access patient information in order to do their job or discharge their obligations to the Health System or their patients. Further users shall be granted access to the information that is **minimally necessary**.
3. Each user's access to patient information shall be subject to the following:
  - a. Users may only access information for which they have a legitimate/job related need to know for treatment, payment/billing, or healthcare operations. Further, accesses must be the minimum necessary access for this purpose(s).
  - b. **Users may not access the PHI on any person for which this information is not needed for treatment, payment/billing, or healthcare operations and that is not necessary for**

**job duties. Specifically, users will not access information on themselves, family, relatives, or friends unless they meet the above criteria.**

- c. Users are obligated to hold confidential information in the strictest confidence and not to disclose the information to any person or in any manner which is inconsistent with applicable policies and procedures of DCH Health System.
- d. Users may print information from any hospital information system only when necessary for a legitimate purpose and are accountable for this information until it is destroyed. Patient medical information may only be stored in authorized locations.
- e. All patient identifiable information must either be shredded or disposed of in a safe and confidential manner. Each user is responsible for printed data that he/she generates.
- f. Patient information available from any hospital information system or source may be preliminary and, therefore, may not have been reviewed for accuracy. If a user chooses to use or disseminate this information, consistent with relevant policies and procedures, he/she does so being informed of the possible preliminary nature of the information.
- g. DCH provides/releases to user's patient information for the treatment of patients. Users are responsible to use this information consistent with all applicable rules, laws, regulations, and standards.
- h. Users may not seek personal benefit or permit others to benefit personally by any confidential information that the user may have access to.
- i. Failure to comply with confidentiality obligation may result in disciplinary action or termination of employment/educational affiliation by DCH Health System and its affiliates, or corrective action in conformance with current medical staff bylaws, rules and regulations.
- j. It is each user's responsibility to maintain his/her assigned unique user code/password in a confidential manner.
- k. Users may not utilize another user's unique user code/password in order to access any system and will not reveal their user code/password to anyone else. An authorized user is personally and professionally responsible for all activities occurring under their password.
- l. A user's confidentiality obligation shall continue indefinitely, including at all times after his/her association with DCH Health System and its affiliates, such as termination of employment or affiliation with DCH Health System

I have read, understand, and agree to abide by this policy.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

**DCH Regional Medical Center  
School of Radiologic Technology  
Cellular Telephones and Any Other Electronic Device**

---

This policy outlines the use of personal cell phones and other portable electronic devices in the classroom and clinical education setting, including special issues related to camera phones, the personal use of business cell phone, smart watches and the safe use of cell phones by employees while driving.

**Personal Cell Phones**

1. While in school, students are expected to exercise the same discretion in using personal cell phones as is expected for the use of DCH phones. Excessive personal calls during the workday, regardless of the phone used, can interfere with employee productivity and be distracting to others.
2. Personal cell phones or other portable electronic devices to include Apple watches or other smart watches should be **turned off or silenced and not seen**, including Bluetooth devices on the ear, during class, online class (when applicable), lab or clinic hours.
3. Students should limit their personal telephone usage, text messaging, e-mails, Facebook, Instagram, Twitter, Snapchat, TikTok, etc. during working hours to emergency situations only.
4. Cellular phones and other portable electronic devices may only be used during breaks or lunch periods and should not be used while walking the hallways.
5. Students are to ensure that friends and family members are aware of DCH's policy. Flexibility will be provided in circumstances demanding immediate attention. DCH will not be liable for the loss of personal cellular phones or other portable electronic devices brought into the workplace.

**Camera Phones and Other Portable Electronic Devices**

1. Certain aspects of DCH's business operations require that employees have access or exposure to highly confidential information including, but not limited to, confidential patient records and information; confidential personnel records and information; confidential business information and other proprietary business information; and the privacy of other employees.
2. To prevent the unauthorized dissemination of such information, employees are prohibited from using cameras in the workplace. This prohibition extends to cameras built into portable electronic devices such as cell phones, smart watches, pagers, and other portable electronic devices capable of storing and transmitting images.
3. Cameras, video cameras and other portable electronic devices may only be used by medical or clinical professionals for valid medical reasons such as pictures for surgical purposes, patient identifiers, etc.
4. Under no circumstances shall a camera, video camera or other portable electronic device be used to harass or intrude upon the privacy of a patient or employee.

Due to possible interference with electronic medical equipment, DCH Health System has a policy forbidding the use of cellular telephones in any of its medical facilities. Any student found using a cell phone or other electronic device during a lecture class or clinical assignment will receive a

written notice upon the first offense. Any subsequent offenses will result in immediate suspension for three days without the possibility of making up missed assignments and/or tests. Incoming calls, pages and texting are also forbidden. If a cellular telephone or pager is carried in a purse or on the body, it must be turned off during lecture classes and clinical assignments.

Disciplinary action will be taken if a student uses a cell phone for calling, texting, or photo taking during clinical rotations.

I have read, understand, and agree to abide by this policy.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

**DCH Regional Medical Center  
School of Radiologic Technology  
Classroom and Clinical Behavior Understanding**

---

In order to acquire the knowledge and skills necessary to become proficient in the profession of Radiologic Technology, the student must pay strict attention to the instructor during all lecture and lab sessions. This requires good listening skills and participation by asking questions and offering appropriate comments related to the subject matter. Failure to follow these guidelines may result in disciplinary action to include dismissal from the program.

Not paying attention, disruptive behavior and sleeping in class, online class (when applicable), lab or clinic is rude and disrespectful to the instructor, staff personnel and/or PD and **will not** be tolerated. The following policy related to classroom/clinic behavior is immediately adopted:

Any student found sleeping in class/clinic or performing some other task unrelated to the lesson, skill or lab being taught will be subject to the following disciplinary actions:

1. Upon the first offense, the student will receive a verbal warning by the instructor of the course and/or clinical rotation.
2. Upon the second offense, the student will receive a written warning by the PD.
3. Upon the third offense, the student will be sent home and charged with an unexcused absence. An unexcused absence may lead to suspension and/or dismissal from the program.
4. A suspension includes a grade of zero (0) for all assignments and tests missed during the suspension and a reduction in the final quarter clinical and academic course grade.
5. If offense occurs following suspension, then the student can be dismissed from the program.

Should a clinical education center ask for a student to be removed from that clinic, the student can be penalized up to dismissal from the program.

Should a clinical education center ask that a student not be reassigned to that clinic, the student will be counseled and put on probation.

I have read, understand, and agree to abide by this policy.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date



**DCH Regional Medical Center  
School of Radiologic Technology  
Dress Code Policy**

---

The dress code policy entailed in this handbook is the policy for the DCH Radiography Program. I understand that Royal Blue scrubs with appropriate shoes will be worn during class and clinical times, unless otherwise stated by the PD.

I further understand that the fragrance policy is also part of the dress code.

I have read and understand the policy regarding the dress code. By my signature, I agree to abide by the dress code policy as written.

---

Printed Name

---

Student Signature

---

Date

**DCH Regional Medical Center  
School of Radiologic Technology  
Drug & Alcohol Policy**

---

I have read and understand the policy regarding drug & alcohol. By my signature, I agree to abide by the Drug and Alcohol policy as written.

---

Printed Name

---

Student Signature

---

Date

**DCH Regional Medical Center  
School of Radiologic Technology  
Employer Survey Consent Form**

---

**Purpose:** Our accreditation agency requires us to conduct employer follow-up studies on our graduates. An employer questionnaire is attached for your review. After reviewing the questionnaire, please indicate your approval by signing the statement below. The approval form and the questionnaire will be sent to your employer approximately six months after your graduation.

I, \_\_\_\_\_, give permission to my present employer to complete the employer questionnaire and return it to the program from which I graduated.

\_\_\_\_\_  
Employer Name

ATTN: \_\_\_\_\_

\_\_\_\_\_  
Employer Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Signature of Graduate

\_\_\_\_\_  
Print your name

\_\_\_\_\_  
Date

**DCH Regional Medical Center  
School of Radiologic Technology  
Enrollment Agreement Contract**

---

- \_\_\_\_\_ 1. I hereby acknowledge receiving the DCH Radiology Program’s handbook dated September 2022, which contains information about attendance, academia, finances, policies for program as well as DCH, etc. The school handbook is included as part of this enrollment agreement and I acknowledge that I have received a copy of this handbook.
- \_\_\_\_\_ 2. I have carefully read and received an exact copy of this enrollment agreement.
- \_\_\_\_\_ 3. I understand that the school may terminate my enrollment if I fail to comply with attendance, academic and financial requirements or if I fail to abide by established standards of conduct, as outlined in the school handbook. While enrolled in the school, I understand that I must maintain satisfactory academic progress as described in the school handbook and that my financial obligation to the school must be paid in full before a degree may be awarded.
- \_\_\_\_\_ 4. I understand that the school does not guarantee job placement to graduates upon program completion or upon graduation.
- \_\_\_\_\_ 5. I understand that complaints, which cannot be resolved by direct negotiation with the school in accordance to its written grievance policy, may be filed with the necessary accrediting or credentialing body. All student complaints must be submitted in writing.
- 

I, the undersigned, have read and understand this agreement and acknowledge receipt of a copy. My signature below signifies that I have read and understand all aspects of this agreement and do recognize my legal responsibilities in regard to this contract.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
School Official

\_\_\_\_\_  
Date

**DCH Regional Medical Center  
School of Radiologic Technology  
Handbook & Policy Manual – Student & Clinical**

---

The DCH School of Radiologic Technology Program Handbook provides information regarding the policies and procedures of the program. Students must indicate agreement with each of the following statements by initialing on the lines below.

- \_\_\_ I have received a copy of the radiography program handbook.
- \_\_\_ I am aware that it is my responsibility to ask questions about the contents of the radiography program handbook and have those questions answered to my satisfaction.
- \_\_\_ I understand that failure to follow any of the policies in the radiography program student handbook may result in my dismissal from the radiography program.
- \_\_\_ I understand all information regarding a patient or former patient is confidential per HIPPA guidelines.
- \_\_\_ I agree to fully participate in the lab portion of the radiography program. I understand that this requires hands-on participation and I will be the *simulation* patient for my fellow students.
- \_\_\_ I have received and thoroughly read the radiography pregnancy policy.
- \_\_\_ I have received and comprehend the DCH drug and alcohol policy and agree to comply with all aspects of this policy.
- \_\_\_ I will use the appropriate personal protective equipment (PPE) required when there is an inherent potential for mucous membrane, or skin contact with blood, body fluids or tissues, or a potential for spills or splashes of them.
- \_\_\_ I comprehend the program disciplinary system for the radiography program and am aware of the consequences for program violations.
- \_\_\_ I understand the program disciplinary system for the radiography program and am aware of the due process policies.
- \_\_\_ I comprehend that I must complete each radiography course with a final grade of 75 or higher to pass.
- \_\_\_ I comprehend that the use of cell phones, smart watches, texting and lap top computers are prohibited in the classroom and clinical sites.
- \_\_\_ I comprehend and will abide by the programs' attendance, absence and tardiness policies.

- \_\_\_ I comprehend and will abide by the radiation protection policy.
- \_\_\_ I comprehend and will abide by the radiography program dress code.
- \_\_\_ I understand clocking in for another student or employee will result in my immediate dismissal.
- \_\_\_ I understand that clocking in on clinical time and DCH time ***at the same time*** will result in my dismissal.
- \_\_\_ I have been explained the JRCERT Standards and will abide by the direct, indirect and repeat policies.
- \_\_\_ I agree that I am accountable for my success as well as the success of DCH and the patient I come in contact with. I agree I must regard my classroom, labs and clinical experiences as one should address job responsibilities: preparation, hard work, initiative and learning from failure.
- \_\_\_ I recognize my instructors and preceptors assume the role of my supervisor. I will attempt to learn the technical skills required of a radiographer, but also strive to develop professional behaviors and attitudes.
- \_\_\_ I understand I am responsible for my own education (learning). It is the instructors' responsibility to give opportunity and facilitate learning.

This initialed and signed document will be placed in your program file for reference in the event of any program policy violations.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

**DCH Regional Medical Center  
School of Radiologic Technology  
Incident Reporting Form**

---

Date incident received by Radiology School Faculty: \_\_\_\_\_

Student Name: \_\_\_\_\_

Date Reported: \_\_\_\_\_ Date of Event: \_\_\_\_\_

Mechanism by which report of event was received:     Student     CI     Manager/Supervisor

Brief Description of Incident:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Program Official's Comments and/or Suggested Areas of Improvement:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Actions taken:**

- Incident has been reviewed and addressed with appropriate staff members
- Additional education has been provided to all involved

**Resolution of Incident:**

- Resolved, no further follow-up required                       Unresolved, further follow-up required
- Resolved after further follow-up

**Student Acknowledgement**

By signing below, I acknowledge that I have been informed of the incident, suggestions for improvement, and any resulting Disciplinary Action (form to be attached) following based on the incident stated above.

Student Name (print): \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Program Official (print): \_\_\_\_\_

Program Official Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**DCH Regional Medical Center  
School of Radiologic Technology  
MRI Scanner Information**

---

Magnetic Resonance Imaging or MRI utilizes strong magnetic fields and radio frequency waves to produce high-resolution, diagnostic images of the body. MRI is especially useful in the evaluation of soft tissues and blood vessels.

Regional Medical Center has two 1.5 Tesla short-bore scanners which significantly reduces the anxiety associated with older conventional machines. At the Outpatient Center we have a 3.0T scanner. At Ruby Tyler we have a 1.5 T scanner. Northport Medical Center has one 1.5T short bore scanner.

Students are not to enter the MRI Suite until they have been screened and documentation placed in their permanent folder, and submitted to the MRI Supervisor. Students will be required to take the MRI Zone test.

**MRI Scanner General Information**

**Students ARE NOT permitted to enter the scan room without prior screening from the MRI staff.**

**I. PURPOSE**

To educate all employees and students on creating a safe environment in and around the MRI scanners.

**II. POLICY**

MRI scanners use very strong magnetic fields to generate images. Ferrous metals **must not** enter the exam room. Ferrous metals entering the scan room are subject to being pulled into the magnet. In order to maintain a safe environment, the following procedures will be strictly followed.

**III. TASK CLASSIFICATION/PRECAUTIONS**

**IV. EQUIPMENT**

**V. PROCEDURE**

1. Non-MRI personnel are not permitted to enter the scan room without prior screening from the MRI staff.
2. The MRI scan room will remain locked when not in use. The scan room will remain locked during off duty hours.
3. Only MRI compatible oxygen tanks will be allowed in the scan room. The MRI techs will verify that the oxygen tank is non-ferrous.



4. Patients will be carefully screened for possible objects that may be pulled into the magnet. Patients moved from a hospital stretcher to the MRI scan table will be carefully checked to ensure that no metallic or ferrous metals are in the sheets or blankets.
5. Stretchers and wheelchairs will not be allowed to enter the MRI scan room.
6. The MRI staff will perform all light housekeeping duties. Other housekeeping duties will be performed under the direction of the MRI staff.

**VI. AGE SPECIFIC CONSIDERATIONS**

**VII. REFERENCES**

**VIII. CONTACT PERSON**

MRI Department Manager  
MRI & CT Supervisor

**IX. DATES**

Reviewed: July 2004

Reviewed: March 2009

Revised: July 2012

Reviewed: August 2014

Revised: August 2015

Revised: August 2016

Reviewed: May 2020

Reviewed: September 2022

Clinical History      Age \_\_\_\_\_ Sex \_\_\_\_\_ Race \_\_\_\_\_ Weight \_\_\_\_\_ lbs.  
 List all surgeries/operations or medical procedures you have ever had with the approximate dates:  
 Brain surgery \_\_\_\_\_ Eye surgery \_\_\_\_\_ Ear surgery \_\_\_\_\_ Mastectomy \_\_\_\_\_ CABG \_\_\_\_\_  
 Cholecystectomy \_\_\_\_\_ Hysterectomy \_\_\_\_\_ Appendectomy \_\_\_\_\_ Bowel surgery \_\_\_\_\_  
 Other: \_\_\_\_\_

**History of Cancer**      \_\_\_\_\_ Y      \_\_\_\_\_ N      If yes, diagnosis \_\_\_\_\_  
 Treatments \_\_\_\_\_  
 Treatment dates \_\_\_\_\_

| Questionnaire                                                | Y | N | Questionnaire                                               |   |                     |
|--------------------------------------------------------------|---|---|-------------------------------------------------------------|---|---------------------|
| Allergies?                                                   |   |   |                                                             |   |                     |
| Have you ever had an eye injury involving a metallic object? |   |   | Describe _____<br>(splinters, shavings, foreign body, etc.) |   |                     |
| Did a physician treat your eye injury?                       |   |   |                                                             |   |                     |
| Have you ever had a reaction to contrast used for MRI or CT? |   |   | When? _____ What kind? _____                                |   |                     |
| Are you pregnant or suspect that you are?                    |   |   |                                                             |   |                     |
| Are you breast-feeding?                                      |   |   |                                                             |   |                     |
|                                                              | Y | N |                                                             |   |                     |
| Do you have a history of                                     |   |   | Dialysis                                                    |   |                     |
|                                                              |   |   | Renal disease                                               |   |                     |
|                                                              |   |   | Liver disease                                               |   |                     |
|                                                              |   |   | Asthma/COPD/Emphysema                                       |   |                     |
|                                                              |   |   | Y                                                           | N |                     |
|                                                              |   |   |                                                             |   | Atrial fibrillation |
|                                                              |   |   |                                                             |   | Diabetes            |
|                                                              |   |   |                                                             |   | Seizures            |
|                                                              |   |   |                                                             |   | High blood pressure |

\*\*\*\*ATTENTION: The following items may be hazardous or may interfere with the MRI examination\*\*\*\*

| Possible Contraindication                                             | Y | N | Possible Contraindication                                                  | Y | N |
|-----------------------------------------------------------------------|---|---|----------------------------------------------------------------------------|---|---|
| Implanted cardioverter defibrillator                                  |   |   | Any type of metal, bullet or shrapnel<br>What? _____ Year? _____           |   |   |
| Cardiac pacemaker                                                     |   |   | Neurostimulator/TENS unit/other                                            |   |   |
| Aneurysm clip(s) or other brain surgery                               |   |   | Penile prosthesis                                                          |   |   |
| Open heart surgery/heart valve prosthesis                             |   |   | Breast tissue expander                                                     |   |   |
| Intraventricular shunt (may require post-MRI inspection)              |   |   | Any implanted orthopedic item(s) or artificial limb or joint<br>Type _____ |   |   |
| Intravascular coil, filter, clamp or stent<br>Type/year _____         |   |   | Any type of stimulator (eg., bone growth)<br>Type _____                    |   |   |
| LOOP recorder/insertable cardiac monitor                              |   |   | Orbital/eye prosthesis or eyelid spring                                    |   |   |
| Cochlear/stapes implant or other ear implant                          |   |   | Vascular access port                                                       |   |   |
| Medication pump (insulin, chemo, pain control)                        |   |   | Dentures/dental implants                                                   |   |   |
| Swan-Ganz/Other cardiovascular catheter                               |   |   | Drug delivery patch or Glucose Monitor (must be removed)                   |   |   |
| Hearing aid: _____                                                    |   |   | Tattoos or tattooed/magnetic cosmetics/eyeliner                            |   |   |
| Any type of electronic, mechanical or magnetic implant<br>Type: _____ |   |   | Body piercing/jewelry/wigs (all must be removed)                           |   |   |
| PillCam/Other endoscopy capsule                                       |   |   | Diaphragm, IUD, or pessary<br>Type _____                                   |   |   |
| Gastrointestinal endoscopy clips                                      |   |   | <b>ANY OTHER IMPLANT/METAL/DEVICE?</b>                                     |   |   |



**MRI Screening and Consent Form**



Patient ID (two ways) circle: \_\_\_\_\_ Name \_\_\_\_\_ SS# \_\_\_\_\_ DOB \_\_\_\_\_ Account # \_\_\_\_\_ Other: \_\_\_\_\_

| List Current Meds |       | Pertinent Previous Studies     |                          |           |       |       |
|-------------------|-------|--------------------------------|--------------------------|-----------|-------|-------|
| _____             | _____ | Yes                            | No                       | Body Part | Date  | Where |
| _____             | _____ | MRI <input type="checkbox"/>   | <input type="checkbox"/> | _____     | _____ | _____ |
| _____             | _____ | CT <input type="checkbox"/>    | <input type="checkbox"/> | _____     | _____ | _____ |
| _____             | _____ | X-ray <input type="checkbox"/> | <input type="checkbox"/> | _____     | _____ | _____ |
| _____             | _____ | Other <input type="checkbox"/> | <input type="checkbox"/> | _____     | _____ | _____ |

I have reviewed the above list and have informed the staff of DCH Imaging of any possible metal within my body. I understand the risks and hazards associated with inaccurate information. The MRI exam may require an intravenous injection of contrast or medication. The introduction of contrast into the body rarely causes mild to severe reaction. Your signature indicates that you understand the above mentioned information and all your questions have been accurately answered and that you are giving our facility consent to perform an MRI exam, including the possible injection of a contrast agent and/or medication as deemed necessary by the radiologist.

\_\_\_\_\_  
 Patient Signature Date and Time  
 If the patient is unable to sign, the form should be signed by a relative or legal guardian. If such consent is unavailable, the attending physician and/or radiologist may clear the patient for scanning.

.....  
 Technologist's comments/clinical history:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Were x-rays obtained/reviewed/cleared? Yes No -----> By whom? 1.5T/3T? \_\_\_\_\_  
 Was chart/order reviewed? Yes No  
 Were all PACS/other images reviewed? Yes No  
 Was IV access required? Yes No IV started by: \_\_\_\_\_ Times: \_\_\_\_\_ Discontinued by: \_\_\_\_\_ Time: \_\_\_\_\_  
 Needle size: \_\_\_\_\_ Access: \_\_\_\_\_ # of attempts: \_\_\_\_\_  
 Complications starting: \_\_\_\_\_ Complications discontinuing: \_\_\_\_\_

Was IV contrast given on this exam? Yes No Contrast consent necessary/obtained? Yes No  
 Type of contrast: \_\_\_\_\_ Amount: \_\_\_\_\_ Route: \_\_\_\_\_ Administered by: \_\_\_\_\_  
 Education: Yes No Complications: \_\_\_\_\_

GFR \_\_\_\_\_ BUN \_\_\_\_\_ Creatinine \_\_\_\_\_ Crea (mg/dL) Reference levels  
 0.4 - 1.0 (F)  
 0.7 - 1.2 (M)

\_\_\_\_\_  
 Technologist Signature Date and Time



**MRI Screening and Consent Form**



**DCH Regional Medical Center  
School of Radiologic Technology  
MRI Zone Information & Safety**

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The MRI suite is divided into four zones to provide restrictions to ensure the safety of patients and other non-MRI personnel.

**Zone I** includes all areas that are freely accessible to the general public. This area is outside the MR environment and is the area through which the patients, healthcare personnel and other employees of the MRI suite use to access the MRI environment.

**Zone II** is the area between the publicly accessed area (Zone I) and the controlled areas (Zones III & IV). Patients are under the supervision of MRI personnel in this area. It is in this area that all MRI screening questions are answered and addressed.

**Zone III** access is controlled by the supervision of MRI personnel. All access to Zone III is strictly restricted. All non-MRI personnel and patients must first undergo a successfully passed MRI screening to enter Zone III. This is to ensure the safety of patients, other non-MRI personnel and the equipment itself.

**Zone IV** is the area synonymous with the MRI scanner magnet room. It is always clearly marked as being potentially hazardous due to the presence of a very strong magnetic field. This area is always located within Zone III. No access to Zone IV is allowed without first being screened for Zone III.

The MRI zones at RMC, NMC and RT are clearly marked with zone signs in each area. There are also restrictive tension barriers, caution/warning signs and locked doors to ensure limited access. If you are unsure if you may proceed into any area in the MRI suite, contact an MRI employee.

It is required that all personnel who enter the MRI suite undergo the screening process. At the end of this in-service, you **MUST** complete a test for competency. We also request that if you have not already, complete the screening questions to ensure everyone has been approved for access into the MRI suite.



**DCH Regional Medical Center  
School of Radiologic Technology  
MRI Zone Restrictions Test**

---

Student Name: \_\_\_\_\_

Emp ID #: \_\_\_\_\_

1. The MRI suite is divided \_\_\_\_\_ to ensure safety.
  - a. down the middle
  - b. by a single door
  - c. into four zones
  
2. Zone I can be found:
  - a. outside the MR environment, freely accessible to the general public
  - b. where only MRI personnel are allowed
  - c. in the magnet room where the scan is performed
  
3. The MRI screening questionnaire is answered and addressed in which zone?
  - a. Zone II
  - b. Zone III
  - c. Zone I
  
4. Zone restrictions are in place to:
  - a. make all patients feel welcome
  - b. ensure the safety of patients and other non-MRI personnel
  - c. complicate the process

5. Zone III access is controlled by:
  - a. a dragon
  - b. MRI personnel
  - c. a coded door
  
6. All non-MRI personnel and patients must first undergo a successful \_\_\_\_\_ to enter Zone III.
  - a. TB skin test
  - b. MRI screening
  - c. chest x-ray
  
7. Zone IV is potentially hazardous due to the presence of:
  - a. radioactive materials
  - b. loud noises
  - c. very strong magnetic field
  
8. The MRI scanner is located in:
  - a. Zone IV
  - b. Zone II
  - c. a public area
  
9. If you are unsure if you may enter a specific zone you should:
  - a. leave
  - b. ask the MRI personnel
  - c. walk in anyway

10. In what zone would you find this picture?

- a. Zone I
- b. Zone IV
- c. Zone III



**DCH Regional Medical Center  
School of Radiologic Technology  
Notice of Intent to Formally Appeal a Grade**

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**Student Information:**

Student Name: \_\_\_\_\_ Student ID or SS#: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, and Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

**Course Information:**

Course Name: \_\_\_\_\_ Name of Instructor: \_\_\_\_\_

Quarter Taken: \_\_\_\_\_ Grade Received: \_\_\_\_\_ RAD #: \_\_\_\_\_

-----  
Was an informal remedy sought with the instructor through conversation or other means? \_\_\_\_\_

This appeal is based on the claim of (check all that apply - refer to definitions in the policy)

Arbitrariness \_\_\_\_\_ Prejudice \_\_\_\_\_ Error \_\_\_\_\_

Please provide a statement of reasons justifying the claim that your grade was improperly assigned. Use additional pages if needed.

\_\_\_\_\_  
\_\_\_\_\_

Add any relevant information and/or documentation that support your appeal (course papers, syllabus, etc.) Attach separately.

Please provide any other additional items that you deem relevant to this appeal.

Please provide a statement of the solution that you are requesting as a result of this grade appeal:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date



**DCH Regional Medical Center  
School of Radiologic Technology  
Orientation**

---

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

- Reviewer will sign and date (m/d/y) as completed.
- The student will sign at completion and return to Faculty Advisor.

**Completed in the following way:**

A. Lecture   B. Written Test   C. Verbalized   D. Demonstrated   E. Other (specify) \_\_\_\_\_

| General Responsibilities                      | How Met | Date<br>(m/d/y) | Reviewer's Name |
|-----------------------------------------------|---------|-----------------|-----------------|
| Program History / Sponsor                     |         |                 |                 |
| Organizational Chart                          |         |                 |                 |
| DCH Health System Mission Statement           |         |                 |                 |
| Departmental Mission Statement                |         |                 |                 |
| Program Mission Statement                     |         |                 |                 |
| Philosophy & Goals                            |         |                 |                 |
| Group Advising/ Individual Advisor Assignment |         |                 |                 |
| Trajecsys                                     |         |                 |                 |
| Radiation Protection & Assessment             |         |                 |                 |
| Assessment of Learning style                  |         |                 |                 |
| JRCERT Standards                              |         |                 |                 |
| Synapse / PACS                                |         |                 |                 |
| Transport Assessment                          |         |                 |                 |
| Orientation to Radiological Equipment         |         |                 |                 |
| Emergency Code's                              |         |                 |                 |
| MRI Screening & Safety                        |         |                 |                 |
| MRI Safety Clearance                          |         |                 |                 |
| Professional Development                      |         |                 |                 |
| <b>Able to locate</b>                         |         |                 |                 |
| Crash cart                                    |         |                 |                 |
| Fire Alarm pull and extinguisher              |         |                 |                 |
| Emergency Exits                               |         |                 |                 |
| Oxygen                                        |         |                 |                 |
| Safety data sheet SDS book (Online)           |         |                 |                 |
| Department Policy & Procedure Manual (Online) |         |                 |                 |
| Equipment check off                           |         |                 |                 |
| CPR                                           |         |                 |                 |
| CBT's completion                              |         |                 |                 |
| Handbook/Catalog Forms                        |         |                 |                 |

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Signature of Student/Date

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Signature of Faculty/Date

**DCH Regional Medical Center  
School of Radiologic Technology  
Process for Reporting Allegations**

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**Important Notes for Reporting Allegations against a Program**

1. The JRCERT cannot advocate on behalf of any student(s). An investigation into allegations of non-compliance addresses only the program's compliance with accreditation standards and will not affect the status of any individual student.
2. The investigation process may take several months.
3. The JRCERT will not divulge the identity of any complainant(s) unless required to do so through legal process.

**Process**

1. Before submitting allegations, the individual must first attempt to resolve the complaint directly with program/institution officials by following the due process or grievance procedures provided by the program/institution. Each program/institution is required to publish its internal complaint procedure in an informational document such as a catalog or student handbook. (Standard One, Objective 1.6)

If the individual is unable to resolve the complaint with program/institution officials or believes that the concerns have not been properly addressed, he or she may submit allegations of non-compliance to the JRCERT:

Chief Executive Officer  
Joint Review Committee on Education in Radiologic Technology  
20 North Wacker Drive, Suite 2850  
Chicago, IL 60606-3182  
Ph: (312) 704-5300  
Fax: (312) 704-5304  
e-mail: mail@jrcert.org

The Allegations Reporting Form must be completed and sent to the above address with required supporting materials. All submitted documentation must be legible. Forms submitted without a signature or the required supporting material will not be considered. If a complainant fails to submit appropriate materials as requested, the complaint will be closed.

The Higher Education Opportunities Act of 2008, as amended, provides that a student, graduate, faculty or any other individual who believes he or she has been aggrieved by an educational program or institution has the right to submit documented allegation(s) to the agency accrediting the institution or program.

The JRCERT, recognized by the United States Department of Education for the accreditation of radiography, radiation therapy, magnetic resonance, and medical dosimetry educational programs investigates allegation(s) submitted, in writing, signed by any individual with reason to believe that an accredited program has acted contrary to the relevant accreditation standards or that conditions at the program appear to jeopardize the quality of instruction or the general welfare of its students.

**Joint Review Committee on Education in Radiologic Technology (JRCERT)  
Allegations Reporting Form**

Please print or type all information.

Name of Complainant: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Institution sponsoring the program:

Name: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Type of Program (Check one):

Radiography       Radiation Therapy       Magnetic Resonance       Medical Dosimetry

The following materials must be submitted:

1. Attach a copy of the program's publication that includes the due process or grievance procedure.
2. Provide a narrative that identifies what you did at each step of the due process or grievance procedure and copies of materials you submitted as part of your appeal and copies of correspondence you received in response to your appeal.
3. List the specific objective(s) from the accreditation standards (available at [www.jrcert.org/acc\\_standards.html](http://www.jrcert.org/acc_standards.html)) and indicate what the program is alleged to have done that is not in compliance with the cited objective(s).

Example

Objective

4.4 direct supervision pre-competency

Allegation

Students often do patient exams without supervision before they have completed a competency check-off.

**DCH Regional Medical Center  
School of Radiologic Technology  
Professional Standards**

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As you enter the profession of Radiologic Technology, you must understand that you are entering a field of medicine that requires certain professional standards that other career choices may not require. Professional dress, appearance, attitude, and modes of communication must be of certain standards in order to maintain the confidence and care of the patient. Patients under the care of the radiographer present themselves in all ages, cultures and of various ethnic origins; therefore, trendy modes of dress and appearance and unprofessional demeanor and attitude will not be tolerated.

The program has an established dress code and a code of ethics, which are contained in this handbook. You must review the entire contents of this handbook once you are accepted into this program.

Your signing of this Professional Standards Form indicates that you have read and understand the requirements of the program and that you agree to abide by these standards.

---

Printed Name

---

Student Signature

---

Date

---

Program Director's Signature

---

Date

**DCH Regional Medical Center  
School of Radiologic Technology  
Request for Time off (RTO)**

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Name: \_\_\_\_\_ Date: \_\_\_\_\_

Date(s) Requested as Personal Leave: \_\_\_\_\_

If less than a full day, state exact hours. No less than a 4-hour increment is permitted.

Time Range that you will be absent: \_\_\_\_\_

Time off requested is during a (please check one) \_\_\_\_\_ Clinical Day \_\_\_\_\_ Didactic Day

If time off requested is on a clinical day, what are you scheduled in: \_\_\_\_\_

~~~~~  
RTO request must be submitted seven (7) business days before the time the student is requesting off, unless an emergency or extenuating circumstance has occurred. **The request must be approved and cleared by the Clinical Coordinator** before giving the PD notice that the student will be gone for said time.

When didactic leave time is requested, the student is to contact each instructor(s) of the class that will be missed so s/he is aware student will not be in class.

After completing the form, please email it to the Clinical Coordinator. As long as you have the time remaining, your request will be granted. Personal time in excess of the two days per quarter will not be granted unless extenuating circumstances exist and/or according to academic and clinical progression.

Printed Name Student Signature Date

**DCH Regional Medical Center
School of Radiologic Technology
Room Equipment Evaluation**

Name: _____ Semester: _____

RT: _____ Room #: _____

Must be completed by student and may be reviewed by evaluating technologist.

Equipment

- | | |
|--------------------------------|-----------------------|
| a. Type: _____ | d. Focal spots: _____ |
| b. Kv range: _____ | e. Ma range: _____ |
| c. Main switch location: _____ | f. Filtration: _____ |

Manipulate Each Tube	Yes	No	N/A
Transversely			
Center/detent lock to the center of the table			
Longitudinal lock			
Vertical lock			
Tube angulations			
Tube swing lock (90 degrees)			
Center lock to the center of the upright bucky			
Detent to 40 inches for table top / 72 inches for upright bucky			
Manipulate Table Controls	Yes	No	N/A
Move the table top longitudinally/transversely			
Utilize the table center button if applicable			
Angle the table upright/Trendelenburg if applicable			
Attach/detach the footboard if applicable			
Attach and adjust the patient – handles if applicable			
Raise/lower table if applicable			
Activate lock for table top travel and for raising or lowering table, if applicable			
Operate the Control Panel	Yes	No	N/A
Demonstrate tube/bucky combination			
Select AEC/manual technique			
Collimate using manual controls			
Collimate using PBL			
Operate hand exposure switch or foot pedal			
Program fluoroscopy settings			
Digital Fluoroscopy	Yes	No	N/A
Type in patient demographics			
Select appropriate radiographic procedure			
Process digital image			

Image Receptor	Yes	No	N/A
Recognize various size IRs			
Proper placement of IR into table/wall bucky			
Proper alignment of IR and radiographic tube			
Miscellaneous	Yes	No	N/A
Crash Cart location			
Use and care of radiation protection apparel			
Location and application of cleaning supplies			

**DCH Regional Medical Center
School of Radiologic Technology
Rotation Evaluation**

Grade: ____ / ____
Instructor Use Only

Student: _____ Date: _____
 CES: _____ Room Assignment: _____ Technologist: _____

Organization of Work	Plans time and works well	Unsatisfactory	Above average producer	Consistent top performer	Fair
Quality of Work	Consistently accurate	Makes repeated mistakes	Seldom makes mistakes	Seldom accurate	Work generally acceptable
Application of Knowledge	Good	Fair	Excellent	Inadequate	Poor
Concern for Patient	Unconcerned for patient	Usually concerned for patient	Above average concern	Indifferent, cool to the patient	Justifies complete confidence
Perseverance	Follows through on most tasks	Dedicated	Is easily distracted	Consistent	Inconsistent
Ability to Follow Directions	Good, rarely makes mistakes	Makes mistakes, but is able to correct errors	Follows directions without error	Does not follow directions	Makes occasional mistakes
Communication	Excellent rapport with staff and patients	Communicates well with staff and patients	Adequate communication skills	Unable to communicate effectively	Little to no communication
Industry & Energy	Lazy	Exceptional worker	Stays busy most of the time	Indifferent	Hard worker
Initiative	Resourceful	Takes no initiative	Does only assigned work	Loafs, refuses to offer assistance	Seeks added responsibility
Dependability / Availability	Sometimes in assigned area and available	Always in assigned area and available	Consistently out of assigned area, seldom available	Usually in assigned area or available	Never can be found, out of area
Appearance	Meets published dress code	Doesn't meet published dress code			
Attitude	Accepts responsibility	Highly cooperative	Sometimes troublesome and surly	Works well with others	Resists instruction
Attitude toward Criticism	Shows interest	Hostile	Benefits from criticism	Indifferent	Accepts well
Radiation Protection (n/a for US & MRI)	Demonstrates exceptional radiation protection skills	Meets minimum standards	Conscientious about radiation protection	Needs constant reminders	Unconcerned about radiation safety

Critical Thinking & Problem Solving Skills	Able to organize and modify exams as needed	Unorganized, confused	Organized, able to do routine exams	Learns from mistakes and by example	Lack of organization, needs instruction
--	---	-----------------------	-------------------------------------	-------------------------------------	---

Comments: _____

Student Signature: _____ Technologist Signature: _____

**DCH Regional Medical Center
School of Radiologic Technology
Social Media Guidelines**

In order to promote professionalism of students enrolled in our program, no student shall post, forward or supply photos, comments, etc. of any faculty, fellow students, DCH employee, or patients to any social media site without the before mentioned person's or institution's permission. Any student found to have posted, forwarded or supplied photos, comments, etc. without permission may be dismissed from the Rad Tech Program. If not dismissed, other disciplinary actions will be taken.

DCH students are expected to comply with all DCH policies, Behavioral Standards and federal and state laws when participating in social media activities. Please note that future employers or your sponsoring institution may view potential and current student's websites and/or social media sites. The following DCH guidelines are provided to assist DCH students in complying with existing policies when participating in social media activities.

Nothing in this policy is intended to prohibit, nor should it be interpreted as prohibiting, students from engaging in protected concerted activities or making protected statements and reports to the proper internal and external authorities. It is important to keep in mind that as students, we are DCH ambassadors to the community and should represent DCH in a positive manner to our community. When using online media, be sure to think about how you want others to perceive you and our organization.

Failure to comply with DCH policies may subject the student to the provisions of the positive discipline process up to and including termination.

Social Media includes text, images, audio and video communicated via such tools as:

- Blogs and micro-blogs such as Twitter
- Social messaging networks, such as Facebook, Instagram, Pinterest, Snapchat, Group Me, Telegram
- Professional networks, such as LinkedIn
- Video sharing such as YouTube, vlogs (video weblogs), TikTok
- Audio sharing, such as podcasts
- Photo sharing such as Tumblr, Flickr, Instagram, Photobucket, TikTok, Group Me
- Social bookmarking such as Digg and Redditt
- Public comment sections on webpages (such as those for online news sites)
- User created web pages such as Wikis and Wikipedia
- Any other internet-based application making use of the creation and exchange of user-generated content

1. **Know and follow all DCH policies related to using the Internet, privacy and sharing information.**

These policies include, but are not limited to: DCH's Behavioral Standards, Positive Disciplinary Policy, E-mail Policy, Confidentiality Policy, Privacy Policy, Cell Phone Policy, Internet/Intranet Use Policy and Patient Information Release Policy. Be sure to follow HIPAA regulations and all applicable state and federal regulations and copyright laws. Do not engage in any form of harassment, including derogatory or inflammatory remarks about an individual's race, age, disability, relation, national origin, physical attributes, sexual preference, health condition or any other characteristic protected by law.

2. **Respect and follow all laws and regulations governing our patient's privacy.**

You may not include any Protected Health Information (PHI) as defined under applicable law, about anyone other than yourself, including family members, in any comment or post. If you choose to include your own PHI online, know that others may comment on your PHI in their own comment or post. Disclosing confidential patient PHI in an inappropriate manner is a federal offense. Federal penalties include significant fines and/or arrest. Even acknowledging the care of a patient is an unacceptable disclosure of PHI.

You should not write about a patient, post or otherwise share photos of patients unless you have written approval from DCH's Risk Management Legal Counsel and the patient. As a reminder, you cannot take a picture of or video a patient without his permission for any reason other than care or, in some cases, education. Never take a photo from your cell phone and remember that you can't take pictures just because the case is interesting, even if you are working on a project for school. You must have a clear, predefined reason for taking the photo or video.

Remember, sharing PHI outside of DCH is not allowed and doing so without patient permission may cause you to be liable under state and federal statutes and laws. Under revised HIPAA guidelines, you may be sued in civil court for unauthorized disclosures.

3. **Use good judgment when using online social networks and other online resources.**

You are responsible for the content that you publish on blogs, social media sites and any other form of media. The Internet is public and content that you publish may be available to a wide audience, including your coworkers, manager and members of leadership. Search engines can turn up posts years after the publication date. Comments can be forwarded or copied. A good guideline is to not publish anything that you would not want on the front page of the newspaper or would not say in person. In addition, be sure to get your coworkers' permission if you want to post pictures of them online.

4. **Protect confidential and proprietary information.**

Don't disclose confidential or sensitive information externally unless you have permission to do so. Remember that online tools hosted outside the DCH intranet should not be used for internal communications between you and your coworkers.

5. **If you are not authorized to speak on behalf of DCH, make it clear that you are speaking for yourself and not on DCH's behalf.**

If you see DCH misrepresented by the media or others, it's ok to comment on that. Just be sure to identify yourself as a DCH student, be respectful, share accurate information and avoid conflict. If you come across positive or negative remarks about DCH that you believe are important, consider sharing them by forwarding them to the Marketing/Communication Department.

6. **Make sure that your online activities do not interfere with your work or our commitment to our patients.**

DCH computers and your work time are to be used for DCH business.

7. Recognize that DCH may address as a **disciplinary issue** any language that you post in a blog or a social media site that reflects negatively on your work ethic or your level of commitment to and compassion for our customers. Violations of this policy can result in discipline up to and including termination from employment.

8. **Follow standard communication guidelines as you would for any business communication such as e-mail or phone.**

Remember that you represent our organization and edit your work for grammar, clarity and content. DCH employs the best and brightest, and we should always try to present ourselves in the best possible way and with pride in our organization.

9. **Friend wisely.**

Users are encouraged to not "friend" individuals on Facebook if the only relationship with the individual is patient and caregiver. Managers are encouraged to not engage in social media interaction with their subordinates (such as becoming "friends" on Facebook), even if a subordinate initiates the contact.

Printed Name

Student Signature

Date

**DCH Regional Medical Center
School of Radiologic Technology
Student Employment Policy**

1. DCH Health System will not be responsible for any negligence, malpractice, illness or injury associated with radiography students during their employment at locations outside the DCH Health System.
2. Students who elect to work in any capacity must do so **after** the normal academic and/or clinical day. There should be no clocking in for pay while you are on academic and/or clinical time.
3. The program neither encourages nor recommends that students work while attending school because of the rigors of the curriculum.
4. Students who elect to work should do so only after careful consideration due to the demands of the educational program. Financial hardship and extenuating circumstances would be the exceptions.
5. Radiography examinations performed during employment hours may not be substituted for satisfying clinical education competencies.
6. Students employed within the DCH Health System will not have scheduled hours that would interfere with the time they are required to devote to didactic, laboratory and clinical hours.
7. When a scheduled class is cancelled for any reason or is let out early, the student **cannot** work in a clerical or technologist position at a DCH facility for the time frame of the class. There should be **no** clocking in on student time. After the time that the class should have been concluded, the student is then free to work if they are needed and only then with supervisor approval.
8. For those that work and are scheduled to be on the late shift as a student, you are allowed to work **only after** your student shift has ended.

Waiver

I understand that if I elect to be employed inside the DCH Health System while attending this program, that I will have professional liability insurance coverage through DCH Health System. I further understand that if I accept employment outside the DCH Health System while attending this program, that I will not have professional liability insurance coverage through DCH Health System for that outside employment. Understanding that fact, I do hereby release DCH Health System from any liability arising out of any outside employment I may engage in while attending this program.

Printed Name

Student Signature

Date

**DCH Regional Medical Center
School of Radiologic Technology
Student Probation Agreement**

It is the policy of the DCH Regional Medical Center's School of Radiologic Technology that all first year students are on probation for the first three (3) months of the program. At the end of this period, the student will be evaluated. If the student is meeting all program requirements, the probation is withdrawn. If the student is not maintaining all program requirements, the steps outlined in the Program Handbook under Academic Requirements will be followed to include disciplinary action and/or dismissal from the program.

I have read and understand the above statement regarding the probationary period.

Printed Name

Student Signature

Date

**DCH Regional Medical Center
School of Radiologic Technology
Student Record Privacy Release**

Student's Name: _____ SS# _____

As an enrolled student, you are protected against the release of confidential information according to the Family Educational Rights and Privacy Act of 1974 (referred to as FERPA and/or the Buckley Amendment). DCH School of Radiologic Technology has identified the following items as directory information and permission is not needed to release this data: name, campus address, permanent address, e-mail address, telephone number, date and place of birth, major field of study, participation in officially recognized activities and sports if applicable, weight and height of members of athletic teams if applicable, dates of attendance, degrees, achievements, academic awards, honors, most recent previous educational agency or institution attended, social clubs, academic clubs and societies. **Students may at any time request that the directory information not be released to any one by notifying the Program Director in writing. All other academic record data may be released only by written permission from the student. Official transcripts must be requested in writing from the Registrar's and/or Program Director's Office.**

To release information to or to discuss information contained within the academic record, such as grades, with anyone other than the student, students are required to provide written permission. Students should be aware that mid-term and final grades will not be mailed to the students. Students may access grades from the Program Director after grades are submitted by the faculty. To have final grades for the semester mailed to parents, guardians, scholarship grantees, or employers, students should complete the following information and sign the request. A transcript will only be sent upon a separate, written request by the student.

Permission to Provide Grades to Parents, Guardian, Scholarship Grantee or Employer if approved by the student, only final grades for the semester will be mailed to the following, permission for faculty members to provide references for scholarships, employers, etc.

Name: _____
Address: _____
City, State, Zip: _____

I, (student) _____, understand that I am giving permission to have my final grades for the semester mailed to the above address at the end of the semester. This notice is in effect during my current continuing enrollment only. I also understand that I am giving permission to the faculty of the School of Radiologic Technology to provide reference letters for me upon my request.

Printed Name

Student Signature

Date

**DCH Regional Medical Center
School of Radiologic Technology
Two Patient Identifiers**

I. Purpose

- a. To improve the accuracy of patient identification in an effort to increase patient safety and decrease risk for patients.
- b. To accurately identify the individual as the person for whom the service or treatment is intended.
- c. To match the service or treatment to the correct individual.

II. Mandatory Practice

- a. Use two patient identifiers (neither to be the patients room number) when providing any treatments or procedures.
- b. The two patient identifiers will be specific to the area as follows:

Hospital Inpatients and Outpatients

- Two patient identifiers (patient name and birthday) should be verified every time before any care, treatment or service is provided.
- Patient name and birthdate should be verified by comparing the information on the patient's armband with one of the following sources of information:
 - Patient or family member's stated information
 - Physician order
 - Computer intervention
 - Specimen label
 - Transport request
 - Treatment request
 - Medication profile in Expanse using bedside barcode scanning
 - Driver's license
- Identifiers should be stated out loud.
- If patient is unable to respond and no family is present, compare and match the patient's name, DOB, and account number (D#) on armband with info in the medical record.
- Never use room number or patient location as an identifier.
- Always label specimens with two patient identifiers at the bedside after collection.

- c. The patient's exam request should always be in hand and matched with two patient identifiers.
- d. When sending for patients in the radiology tracker always enter the patient's D# instead of patient name.

III. National Patient Safety Goals – NPSG.01.01.01 – to improve the accuracy of patient identification

- a. Use at least two patient identifiers when providing care, treatment and services.
- b. Wrong-patient errors occur in virtually all stages of diagnosis and treatment. The intent for this goal is two-fold
 - i. First, to reliably identify the individual as the person for whom the service or treatment is intended; and
 - ii. Second, to match the service or treatment to that individual.
- c. Acceptable identifiers may be the individual's name, and assigned identification number, telephone number, or other person-specific identifier.
- d. Use at least two patient identifiers when administering medications, blood, or blood components; when collecting blood samples and other specimens for clinical testing; and when providing treatments or procedures. The patient's room number or physical location is not used as an identifier.
- e. Label containers used for blood and other specimens in the presence of the patient.

**DCH Regional Medical Center
School of Radiologic Technology
Two Patient Identifiers Test**

Student Name: _____ Employee # _____

1. Why should we utilize two patient identifiers?
 - a) To improve the accuracy of patient identification and increase patient safety while decreasing risk for our patients.
 - b) To accurately identify the individual as the person for whom the service or treatment is intended for.
 - c) To match the service or treatment to the correct individual.
 - d) All the above

2. What should **not** be used as a patient identifier?
 - a) Patient's armband.
 - b) A family member.
 - c) Patient's room number.
 - d) None of the above.

3. What should always be carried with you when matching the correct exam information with the correct patient?
 - a) The patient's exam request.
 - b) The patient's driver's license.
 - c) The patient's chart.
 - d) A check stub from the patient.

4. When sending for a patient in our Radiology Tracker, what is the most accurate method to ensure that you will receive the correct patient?
 - a) The patient's name.
 - b) The patient's M#.
 - c) The patient's D#.
 - d) The patient's Date of Birth.

5. Hospital in-patients are to have identity verified by which of the following methods?
 - a) Check the patients room #
 - b) Check the patients specific account number
 - c) Ask the patient to state their name and DOB unless they are unresponsive.
 - d) Check the patients current W-2 tax form

6. When you receive an out-patient for an exam; you can just order and complete the exam without matching two patient identifiers.
 - a) True
 - b) False

7. Out-patients can give which of the following for patient identifiers?
 - a) Verbal verification of their name or (ask patient and/or family member to state patient's name).
 - b) Date of Birth.
 - c) Photo ID/Driver's License.
 - d) All of the above.

8. In the event that correct actions aren't taken to ensure proper identification, safety, and well-being for the patient that directly results in the wrong procedure or harm being done; it could be deemed as medical negligence by legal standards?
 - a) True
 - b) False

9. The goal of NPSG.01.01.01 is to improve the accuracy of patient identification.
 - a) True
 - b) False

10. Specimen bags or containers should be removed away from the patient before they are labeled.
 - a) True
 - b) False

**DCH Regional Medical Center
School of Radiologic Technology
Universal Source Control Measures for COVID-19 (SARS-CoV-2)**

This interim guidance has been updated by the CDC based on currently available information about COVID-19 and the current situation in the United States.

Masks

- **Patients** should, ideally, wear their own cloth face covering (if tolerated) upon arrival to and throughout their stay in the hospital. If they do not have a face covering, patients will be provided one upon entry or admission as supplies allow.
 - Patients may remove their cloth face covering when in their rooms but should put it back on when around others or leaving their room.
 - Facemasks and cloth face coverings should not be placed on young children under age 2, anyone who has trouble breathing, or anyone who is unconscious, incapacitated or otherwise unable to remove the mask without assistance.
- **Healthcare providers (HCPs)** should wear a facemask at all times, including breakrooms or other spaces where they might encounter co-workers.
 - When available, facemasks are preferred over cloth face coverings for HCPs as facemasks offer both source control and protection for the wearer against exposure to splashes and sprays of infectious material from others.
 - Extended use of the mask throughout the shift reduces the number of times HCPs touch their face and potential risk for self-contamination.
 - Respirator masks with an exhalation valve are not recommended as they allow unfiltered exhaled breath to escape.
 - When leaving facility, remove respirator or facemask, perform hand hygiene, and put on cloth face covering.

NEW Guidance: Eye Protection

- Universal use of eye protection (in addition to a facemask) is recommended for HCPs during moderate to sustained SARS-CoV-2 community transmission to ensure eyes, nose, and mouth are all protected during patient care encounters.
- A variety of styles is available for order from Supply Chain by each department that has staff who enter patient rooms. They should be issued to employees for their individual use, cleaning, and reuse.

**DCH Regional Medical Center
School of Radiologic Technology
Workplace Bullying**

**HUMAN RESOURCES
WORKPLACE BULLYING POLICY**

I. OVERVIEW

The purpose of this policy is to communicate to all employees, including supervisors, managers and executives, that DCH will not in any instance tolerate bullying behavior. Employees found in violation of this policy will be disciplined, up to and including separation of employment.

II. POLICY

DCH defines bullying as repeated inappropriate behavior, either direct or indirect, whether verbal, physical or otherwise, conducted by one or more persons against another or others, at the place of work and/or in the course of employment. Such behavior violates DCH's Code of Ethics, which clearly states that all employees will be treated with dignity and respect.

Bullying may be intentional or unintentional. However, when an allegation of bullying is made, the intention of the alleged bully is irrelevant, and will not be given consideration when issuing accountability steps. In workplace harassment, it is the effect of the behavior on the individual that is important. DCH considers the following types of behavior examples of bullying:

- Verbal bullying: Slandering, shaming, ridiculing or maligning a person or his or her family; persistent name calling that is hurtful, insulting or humiliating; using a person to be the short end of the joke; abusive and offensive remarks.
- Physical bullying: Pushing, shoving, kicking, poking, tripping, assault or threat of physical assault, damage to a person's work area or property
- Gesture bullying: Nonverbal threatening gestures; glances that can convey threatening messages.
- Exclusion: Socially or physically excluding or disregarding a person in work-related activities.
- Cyber Bullying: Taking the same actions noted above, but in electronic form over social media.

In addition, the following examples may constitute or contribute to evidence of bullying in the workplace:

- Persistent singling out of one person.
- Shouting or raising voice at an individual in public or in private.
- Using verbal or obscene gestures.
- Not allowing the person to speak or express himself or herself (i.e., ignoring or interrupting).
- Personal insults and use of offensive nicknames or epithets.
- Public humiliation in any form.

- Constant criticism on matters unrelated or minimally related to the person's job performance or description.
- Ignoring or interrupting an individual at meetings.
- Public reprimands.
- Repeatedly accusing someone of errors that cannot be documented.
- Deliberately interfering with processes, documentation, and other communications.
- Spreading rumors and gossip regarding individuals.
- Encouraging others to disregard a supervisor's instructions or impede operations.
- Manipulating the ability of someone to do his or her work (e.g., overloading, withholding information, assigning meaningless tasks, setting deadlines that cannot be met, giving deliberately ambiguous instructions).
- Inflicting menial tasks not in keeping with the normal responsibilities of the job.
- Taking credit for another person's ideas.
- Refusing reasonable requests for leave in the absence of work-related reasons not to grant leave.
- Deliberately excluding an individual or isolating him or her from work-related activities, such as meetings.
- Unwanted physical contact, physical abuse or threats of abuse to an individual or an individual's property (defacing or marking up property).
- Failing to follow proper procedures in an effort to set up or discourage the work of others.

Reporting Concerns

Everyone is encouraged to promptly report any concern with workplace violence to the attention of management. Any patient or visitor to DCH who believes that he has witnessed or been subjected to violence at DCH is encouraged to report the incident(s) to DCH management or Security. Any employee, volunteer, or physician who believes that he has witnessed or been subjected to workplace violence should report the incident(s) to DCH management, Security, or Human Resources.

DCH takes reports of workplace violence very seriously and will promptly investigate all reports of workplace violence. DCH will ensure that no retaliation is taken against anyone who reports a workplace violence concern. Any person suspected of engaging in workplace violence may be removed from DCH property pending the outcome of an investigation. Upon conclusion of the investigation, DCH will take appropriate actions, based on the findings of the investigation.

Nothing in this Policy is intended or to be construed in any way in interfering with another person's right to engage in protected or concerted activity as defined in Section 7 of the National Labor Relations Act.

Section VIII - Quick Reference

Radiologic Technology Administration and Faculty

Deborah Shell, M.Ed., R.T. (R)	Program Director	deborah.shell@dchsystem.com	205.759.6009
Leonetta Jackson, MSHA, R.T. (R)	Clinical Coordinator	leonetta.jackson@dchsystem.com	205.759.6012
Ashley Long, M.A., CHES, R.T. (R)(CT)	Didactic Instructor	heather.long2@dchsystem.com	205.759.7039
Kim Wiggins	School Agent/Admissions	kimberly.wiggins@dchsystem.com	205.750.5169

Clinical Education Listings

DCH Regional Medical Center – Inpatient

809 University Blvd E.
Tuscaloosa, AL 35401
205.759.7338

Kathy Shuttlesworth, R.T. (R)
Jill Wilson, R.T. (R)
Hannah Hollis, R.T. (R)

DCH Northport Medical Center – NMC

2700 Hospital Drive
Northport, AL 35476
205.333.4500

Emily Moss, R.T. (R)

Fayette Medical Center – FMC

P.O. Drawer 710
Fayette, AL 35555
205.932.1168

John Files, R.T. (R)
Whitney Collins, R.T. (R)

DCH Regional Medical Center – Outpatient

809 University Blvd E.
Tuscaloosa, AL 35401
205.750.5586

Kelly Holmes, R.T. (R)

DCH SpineCare

1050 Ruby Tyler Parkway
Tuscaloosa, AL 35404
205.750.5712

Brooke Lucas, R.T. (R)

Ruby Tyler Imaging

1050 Ruby Tyler Parkway
Tuscaloosa, AL 35404
205.750.5895

The Radiology Clinic

208 McFarland Circle North
Tuscaloosa, AL 35406
205.345.7000 Ext 109

Rhonda Cockrell, R.T. (R)

Clinical Times – subject to change with notification

DCH Regional Medical Center – Inpatient	7:00 a.m. – 3:00 p.m. days 3:00 p.m. – 9:00 p.m. evenings 3:00 p.m. – 7:00 p.m. Fridays only
DCH Regional Medical Center – Outpatient	7:00 a.m. – 3:00 p.m.
DCH Regional Medical Center – ED X-ray	7:00 a.m. – 3:00 p.m.
DCH Northport Medical Center – NMC	7:00 a.m. – 3:00 p.m.
DCH SpineCare	7:00 a.m. – 3:00 p.m.
Fayette Medical Center – FMC	7:00 a.m. – 3:00 p.m.
Ruby Tyler Imaging	9:00 a.m. – 5:00 p.m.
The Radiology Clinic	7:00 a.m. – 3:00 p.m.

Quarter Schedule – tentative and subject to change

1st Quarter 2023	September 25 – December 8, 2023
Thanksgiving Holiday	November 23 & 24, 2023
Break Weeks	December 11 - December 22, 2023

2nd Quarter 2023 – 2024	December 26 – March 8, 2024
New Year’s Holiday	January 1, 2024
Break Weeks	March 11 – March 22, 2024

3rd Quarter 2024	March 25 – June 7, 2024
Memorial Day Holiday	May 27, 2024
Break Weeks	June 10 – June 21, 2024

4th Quarter 2024	June 24 – September 6, 2024
July 4 th – Holiday	July 4, 2024
Break Weeks	September 9 – September 20, 2024

5th Quarter 2024	September 23 – December 6, 2024
Thanksgiving Holiday	November 28 & 29, 2024
Break Weeks	December 9 – December 25, 2024

6th Quarter 2024 – 2025	December 26, 2024 – March 7, 2025
New Year’s Holiday	January 1, 2025
Break Weeks	March 10 – March 21, 2025

7th Quarter 2025	March 24 – June 6, 2025
Memorial Day Holiday	May 26, 2025
Break Weeks	June 9 – June 13, 2025

8th Quarter 2025	June 16 – August 21, 2025
July 4 th - Holiday	July 4, 2025
Graduation (tentative)	August 21, 2025

*tentative schedule

The above handbook has been reviewed and approved by the appropriate administrative/legal counsel as indicated:

Revision Date	Review Date	Reviewed by	Final approval by
8/05	8/05	Advisory Committee	Dena Ennis, M.A., Ed., R.T. (R)
8/06	8/06	Advisory Committee	Dena Ennis, M.A., Ed., R.T. (R)
9/06	9/06	Advisory Committee	Dena Ennis, M.A., Ed., R.T. (R)
9/08	9/08	Advisory Committee	Dena Ennis, M.A., Ed., R.T. (R)
8/09	10/09	Advisory Committee	Dena Ennis, M.A., Ed., R.T. (R)
5/10	8/10	Advisory Committee	Deborah Shell, M.Ed., R.T. (R)
11/10	12/10	Advisory Committee	Deborah Shell, M.Ed., R.T. (R)
8/11	8/11	Advisory Committee	Deborah Shell, M.Ed., R.T. (R)
8/12	8/12	Advisory Committee	Deborah Shell, M.Ed., R.T. (R)
2/13	2/13	Advisory Committee	Deborah Shell, M.Ed., R.T. (R)
7/13	8/13	Advisory Committee	Deborah Shell, M.Ed., R.T. (R)
9/13	9/13	Advisory Committee	Deborah Shell, M.Ed., R.T. (R)
7/14	9/14	Advisory Committee	Deborah Shell, M.Ed., R.T. (R)
9/15	9/15	Advisory Committee	Deborah Shell, M.Ed., R.T. (R)
9/16	9/16	Advisory Committee	Deborah Shell, M.Ed., R.T. (R)
7/17	9/17	Advisory Committee	Deborah Shell, M.Ed., R.T. (R)
8/18	9/18	Advisory Committee	Deborah Shell, M.Ed., R.T. (R)
7/19	8/19	Advisory Committee	Deborah Shell, M.Ed., R.T. (R)
7/20	8/20	Advisory Committee	Deborah Shell, M.Ed., R.T. (R)
9/21	9/21	Advisory Committee	Deborah Shell, M.Ed., R.T. (R)
9/22	9/22	Advisory Committee	Deborah Shell, M.Ed., R.T. (R)
9/23	9/23	Advisory Committee	Deborah Shell, M.Ed., R.T. (R)